ANNUAL REPORT
FISCAL YEAR 2000
For
Arizona Department of Health Services
Division of Behavioral Health Services
and
Arizona State Hospital

Jane Dee Hull, Governor

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JANE DEE HULL, GOVERNOR
CATHERINE R. EDEN, DIRECTOR

May 31, 2001

The Honorable Jane Dee Hull
Governor
State of Arizona
1700 W. Washington
Phoenix, AZ 85007

Dear Governor Hull:

I am pleased to present the Annual Report for the Arizona Department of Health Services/ Division of Behavioral Health Services and the Arizona State Hospital for Fiscal Year 2000. This report is prepared in accordance with A.R.S. 36-3405 and 36-209(E) and combines the annual reports for the Division of Behavioral Health Services and the Arizona State Hospital and reflects the activities of various components of these service areas.

The following are highlights of the accomplishments identified in this report:

1. During the past fiscal year, 5,130 person who were homeless were screened to identify individuals with a serious mental illness and provided the services necessary to secure treatment.

2. ADHS/DBHS led the effort to integrate the substance abuse and the mental health fields in order to treat individuals who are diagnosed as having both a mental illness and substance abuse disorder more effectively.

3. ADHS/DBHS continued liaison activities to comply with the Court's stipulation in J.K vs. Eden. The activities included a number of collaborative efforts with the Plaintiff and also included the implementation of prioritized assessments and evaluation goals for children and their families.

4. ADHS/DBHS continued activities to comply with Arnold v. Sarn, including regular meetings with the Court Monitor and the Plaintiffs to assess the progress toward meeting the Exit Stipulation of the order. Of the 246 conditions of the lawsuit, 104 have been officially acknowledged by the court as met and 68 are pending approval of the court. Of the remaining 74 conditions, 33 are partially met, 25 have no measurements available and 16 remain unmet.

5. In conjunction with Regional Behavioral Health Authorities, ADHS/DBHS implemented a statewide Quality Management/Utilization Management Plan for behavioral health services and revised twenty five policies and procedures affecting the provision of community behavioral health care.

6. The Arizona State Hospital regained Federal Health Care Financing Authority Certification, entitling the State of Arizona to receive Medicare reimbursement and to receive Federal Disproportionate Share Funds for servicing eligible populations.

7. The average length of stay for a resident in "Restoration to Competency Program" at the Arizona State Hospital was reduced from 99 to 83 days.

8. Planning was initiated to construct a new 200 bed civil hospital. $80 million was appropriated by the State Legislature, over the next four years for the construction of a new hospital facility to treat adults who are committed to the hospital through the civil commitment process and adolescents in need of hospital care.

I pledge our continued efforts toward a system of care which provides quality behavioral health services to those in need and which is accountable to the citizens of this State.

Sincerely,

Cathy Eden

Catherine R. Eden
Director

CLE:TL

Division of Behavioral Health Services
and
Arizona State Hospital

ANNUAL REPORT
FISCAL YEAR 2000

Submitted in Compliance with
A.R.S. § 36-3405 and 36-209(e)

Arizona Department of Health Services

~Leadership for a Healthy Arizona~

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EXECUTIVE SUMMARY

The Arizona Department of Health Services/Division of Behavioral Health (ADHS/DBHS) was recreated in 1986 with the intent to create a permanent authority for behavioral health services, and serves as the single state authority to provide coordination, planning, administration, regulation and monitoring of all facets of the state public behavioral health system. ADHS//DBHS is authorized to contract with community based organizations, known as Regional Behavioral Health Authorities (RBHAs), to administer behavioral health services in the State. The State is divided into six geographic regions, called geographic service areas. Each region is assigned to a RBHA.

ADHS/DBHS is organized into three major areas: Fiscal Management, Operations, and Clinical Services. The Deputy Director is responsible for providing leadership and direction in accomplishing the mission of ADHS/DBHS. During FY 99-00 100,134 clients, statewide, received services, with expenditures of $364,335,000.

The following are highlights of the accomplishments identified in this report:

- 5,130 persons who were homeless were screened to identify individuals living on the streets with a serious mental illness and provided the services necessary to secure treatment.
- ADHS/DBHS led the effort to integrate the substance abuse and the mental health fields in treating individuals who are diagnosed as having both a mental illness and substance abuse disorder.
- The Early Childhood Behavioral Health Task Force increased the awareness and understanding of the types of behavioral health treatment services needed for children ages 0-3 years.
- ADHS/DBHS continued liaison activities to comply with the Court's stipulation in J.K vs. Eden. Activities include a number of collaborative efforts and implementation of prioritized assessments and evaluation goals.
- ADHS/DBHS continued activities to comply with Arnold v. Sarn, including regular meetings with the Court Monitor and the Plaintiffs to assess the progress toward meeting the Exit Stipulation of the court order. Of the 246 conditions of the lawsuit, 104 have been officially acknowledged by the court as met and 68 are pending approval of the court. Of the remaining 74 conditions, 33 are partially met, 25 have no measurements available and 16 remain unmet. A number of the remaining conditions have long term financial implications and would require increased funding to accomplish.

- Through collaboration with Arizona Department of Economic Security, ADHS/DBHS developed a program for recipients of Temporary Assistance to Needy Families, with adjudicated children, who have a substance abuse disorder, to receive substance abuse treatment. The treatment of a substance abuse disorder increases the potential for family re-unification.

- ADHS/DBHS tested a specialized model of integrated services to pregnant substance abusing women in order to increase the chances for a healthy delivery.

- Federal grants were secured to pilot new areas of treatment and measurements including best practice standards for persons who are dually diagnosed, measurements of system performance, jail division treatment models, outreach to persons who are homeless, and the evaluation of the effectiveness of substance abuse treatment

- A total of 1282 appeals, grievances and requests for investigations were handled through the various RBHA and ADHS/DBHS grievance and appeal offices.

- Community based programs receiving prevention funding were provided training in core prevention education in order to ensure statewide standards for the delivery of prevention services.

- In conjunction with Regional Behavioral Health Authorities, ADHS/DBHS implemented a statewide Quality Management/Utilization Management Plan for behavioral health services.

- ADHS/DBHS revised twenty-five policies and procedures affecting the provision of community behavioral health care.

The Arizona State Hospital is structurally placed under the ADHS/DBHS, but the Superintendent of the Arizona State Hospital has a direct reporting relationship with the Director of ADHS. As a component of ADHS/DBHS, the Hospital is a publically funded facility, dedicated to the restoration and preservation of the mental health of those residents of Arizona who require a state-supported tertiary level of inpatient hospitalization and rehabilitative care.

The Arizona State Hospital has an average daily census of 298 residents, with expenditures of $45,479,555.

- 450 new employees were recruited to work at the Arizona State Hospital.
- The Arizona State Hospital regained Federal Health Care Financing Authority Certification, entitling the State of Arizona to receive Medicare reimbursement and to receive Federal Disproportionate Share Funds for servicing eligible populations.
- The length of stay for a resident in the "Restoration to Competency Program" at the Arizona State Hospital was reduced from 99 to 83 days.
- Planning was initiated to construct a new 200 bed civil hospital. $80 million was appropriated by the State Legislature, over the next four years for the construction of a new hospital facility to treat adults who are committed to the hospital through the civil commitment process and adolescents in need of hospital care.
- Of the 117 persons in the Arizona Community Protection and Treatment Program, 40 residents underwent ongoing court ordered treatment, 16 residents were placed in a less restrictive alternative and the remaining 61residents were awaiting court hearings. The program continues to grow at a rate of 5 new residents per month.

DESCRIPTION OF THE DIVISION OF BEHAVIORAL HEALTH SERVICE DELIVERY SYSTEM

The Arizona Department of Health Services (ADHS) is the State agency responsible for public health education, prevention and treatment. ADHS is comprised of six major service areas which report to the Director of the Department (see Map of Geographic Service Areas - Figure 1). The Division of Behavioral Health Services (DBHS) is charged with the responsibility of overseeing publically funded behavioral health services.

The Division of Behavioral Health Services was recreated within ADHS by Arizona Revised Statutes 36-3402 et. seq., effective August 13, 1986. The intent of the Arizona Legislature was to create a permanent authority for behavioral health and to express a commitment to the importance of behavioral health services in Arizona. DBHS serves as the single state authority to provide coordination, planning, administration, regulation and monitoring of all facets of the state public behavioral health system. DBHS has the responsibility of administering a system of behavioral health care which is responsive, individualized, cost efficient, culturally sensitive and equally accessible.

Section 36-3410 of Arizona Revised Statutes authorizes ADHS/DBHS to contract with community based organizations, known as Regional Behavioral Health Authorities (RBHAs), to administer behavioral health services in the State. The State is divided into six geographic regions, called Geographic Service Areas. Each region is assigned to a RBHA (see Figure 1 for a map of the geographic service areas).

RBHAs are responsible for assessing the service needs in their region and developing a plan to meet those needs. Collectively, the RBHAs contract with a network of more than 350 service providers to deliver a full range of behavioral health care services, including prevention programs for adults and children, and a full continuum of services for adults with substance abuse and general mental health disorders, adults with serious mental illness, and children who are in need of behavioral health treatment.

RBHAs contract for or deliver Title XIX Medicaid services and Title XXI State Children's Health Insurance Program (SCHIP) services through a capitated payment methodology based on total Title XIX and Title XXI eligibles. The RBHAs are also responsible for managing all other non-Medicaid resources based upon fixed price contracts. The SCHIP Program is titled "KidsCare." "KidsCare" provides health insurance to uninsured children under 19 years of age whose families gross income is at or below 200% of the federal poverty level.

In addition to the RBHA system, DBHS has developed several options for the delivery of behavioral health services to Native Americans, both on and off the reservation. Native Americans who live off the reservation may access services through the RBHA system in the same manner as any other Arizona resident. For Native Americans who live on a reservation, the Tribe has the option of:

(a) entering into an Intergovernmental Agreement with ADHS to deliver behavioral health services on the reservation, with the reservation acting as its own RBHA;
(b) contracting with the local RBHA to provide services; or
(c) allowing on-reservation Tribal members to obtain behavioral health services either through Indian Health Service, or going off reservation to receive services.

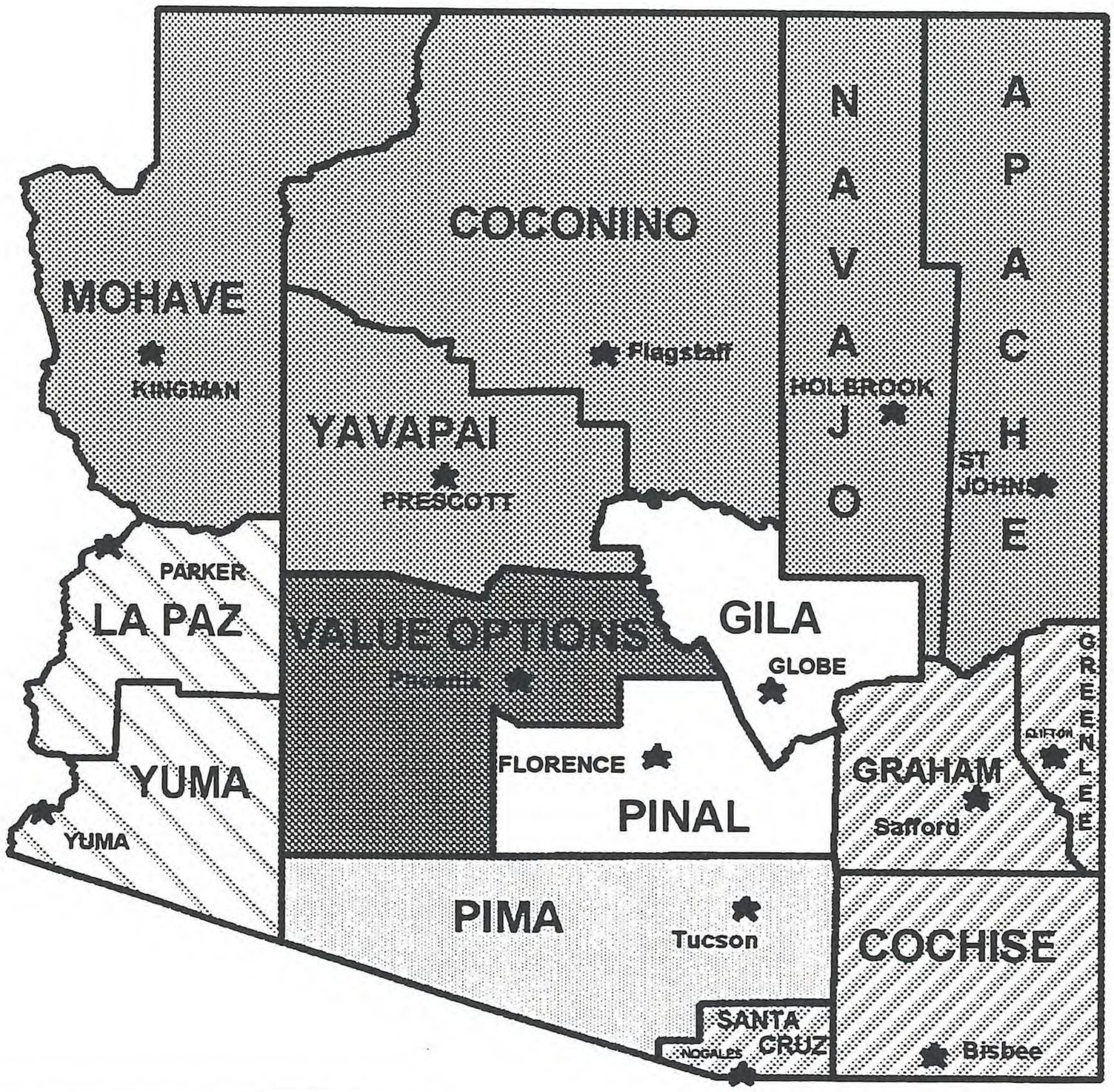
ADHS/DBHS Clients Served Statistics

During FY99-00. 100,134 clients, statewide, who received services. The pie chart (see Clients Served Report - Figure 2) shows the percentage and number of clients that are served by each program across the State. There are clients who may have received services from more than one program.

The tables (see Clients Served Report - Figure 3) show the number of clients served during FY99-00 under Children's Services and SMI/Non-SMI Services Title XIX/Non-Title XIX programs broken down by RBHA and across the State. The subtotal columns in each table may contain duplicated figures due to clients changing programs during the reporting period while the Statewide table represents unduplicated figures across the State.

Figure 1

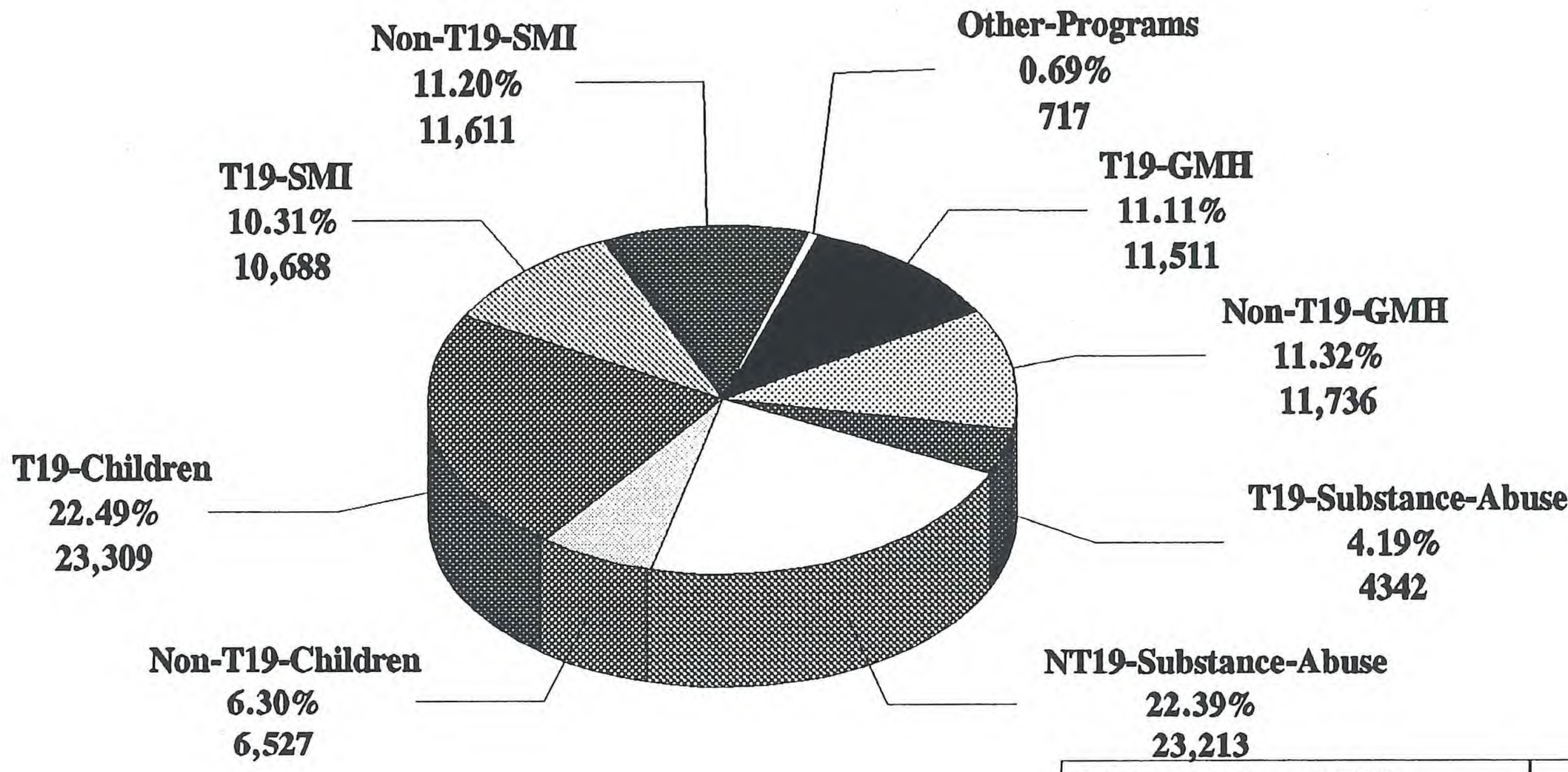
ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES
REGIONAL BEHAVIORAL HEALTH AUTHORITIES
Geographic Service Areas



REGIONAL BEHAVIORAL HEALTH AUTHORITY (RBHA)	Map Key
NARBHA - 01	
EXCEL (BHS-YUMA) - 02	
CPSA - 03	
PGBHA - 04	
CPSA - 05	
VALUE OPTIONS - 06	

Figure 2

ADHS/DBHS
Clients Served by Program Statewide
For FY 7/1/99 Through FY 6/30/00 as of 10/10/00



Other-Programs (0.7%)	717
NT19-Substance-Abuse (22.4%)	23,213
T19-Substance-Abuse (4.2%)	4,342
Non-T19-GMH (11.3%)	11,736
T19-GMH (11.1%)	11,511
Non-T19-SMI (11.2%)	11,611
T19-SMI (10.3%)	10,688
T19-Children (22.5%)	23,309
Non-T19-Children (6.3%)	6,527
Statewide	100,134

"Other Programs" includes Prevention/Early Intervention, Domestic Violence and Non-Registered Clients.
Program statistics may not be summed across programs, as clients may have been served by more than one Program.

Figure 3

ADHS/DBHS

Clients Served Report
For 7/1/99 Through 6/30/00 as of 10/10/00
by RBHA

	CHILDREN			SMI			NON-SMI								Totals Column
	T19	Non-T19	Children[1] Subtotal	T19	Non-T19	SMI[1] Subtotal	GMH T19	GMH Non-T19	Alcohol T19	Alcohol Non-T19	Drug T19	Drug Non-T19	Other Programs	Non-SMI[1] Subtotal	Unduplicated RBHA Total
EXCEL	900	258	1,158	311	269	580	471	332	127	579	122	912	51	2543	4204
COMCARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NARBHA	3,245	1,222	4,467	1,484	1,332	2,816	1,847	1,895	431	1,378	377	2536	106	8464	15182
PGBHA	1,355	406	1,761	490	344	834	738	636	195	694	153	1036	23	3452	5780
CPSA-5	4,933	1,020	5,953	2,371	2,769	5,140	2,611	3,158	347	1,349	328	2258	168	10051	19946
CPSA-3	1,271	552	1,823	485	381	866	577	308	151	556	148	901	26	2641	5195
VO	11,677	3,076	14,753	5,598	6,579	12,177	5,308	5,427	1,374	6,448	594	4606	343	23757	49480
Total	23,381	6,534	29,915	10,739	11,674	22,413	11,552	11,756	2,625	11,004	1,722	12,249	717	50,908	99,796

STATEWIDE

	CHILDREN			SMI			NON-SMI								Totals Column
	T19	Non-T19	Children[1] Subtotal	T19	Non-T19	SMI[1] Subtotal	GMH T19	GMH Non-T19	Alcohol T19	Alcohol Non-T19	Drug T19	Drug Non-T19	Other Programs	Non-SMI[1] Subtotal	Unduplicated RBHA Total
Statewide[2]	23,309	6,527	29,836	10,688	11,611	22,299	11,511	11,736	2,621	10,986	1,721	12,227	717	50,802	100,114

[1]The subtotal columns may contain duplicated counts due to clients changing programs during the reporting period.

[2]The STATEWIDE statistics represent unduplicated counts at the statewide level, and may not equate to the summing of the RBHA statistics. Summing across RBHAs can cause duplicated counts due to clients transferring RBHAs.

VISION FOR THE DIVISION OF BEHAVIORAL HEALTH SERVICES

ADHS/DBHS envisions an accountable and accessible behavioral health system. This system provides for responsive, comprehensive, community-based services tailored to the individual, family, community and culture. It does this to promote healthy development and to provide effective prevention, evaluation, treatment and intervention services to people in need who would otherwise go unserved, so that people are empowered and can lead responsible, productive, meaningful lives. It reduces the costs to society from behavioral health problems and improves quality of life for the people we serve and for society.

MISSION STATEMENT

The mission of the Division of Behavioral Health Services is to continually improve the effectiveness and efficiency of a comprehensive system of behavioral health care in order to meet the needs of the people of Arizona.

GUIDING PRINCIPLES

The staff of the Arizona Department of Health Services/Division of Behavioral Health is committed to achieving excellence in the development and delivery of behavioral health, prevention and treatment services through adherence to the following principles:

Easy Access

- Information and education about behavioral health disorders and how to access service is readily available to the general public.
- Outreach and prevention is provided to vulnerable and at-risk populations.
- Title XIX and Title XXI eligible and other at risk populations are routinely screened for common behavioral health disorder.
- Eligible persons identified as needing behavioral health services are accessed and served promptly.
- Support and self-help is available to people before, during and after disenrollment in the behavioral health system.

Consumer and Family Involvement

- Enrolled person and their families are active participants in planning for and evaluating the services provided to them.
- Service strategies routinely include instruction and support in self-management of behavioral health disorders, relapse-prevention and recovery.

- Consumer-run services are effectively integrated into the service delivery system.
- Enrolled person and their families have an active role in program design, program evaluation, and prioritization of behavioral health resources.

Collaboration with the Greater Community

- Behavioral health provider actively engage general medical, child welfare, criminal justice, and other social service providers in the planning and delivery of integrated services to enrolled persons and their families.
- Prevention, early intervention, crisis response, treatment, rehabilitation, recovery and community integration services are designed to meet the culturally diverse needs of local communities.
- Resources are flexibly aligned with identified community needs. Changes to the behavioral health service system are planned and evaluated with participation by consumers, families, other service agencies and key community leaders.
- Access to housing, employment, medical and dental care, and other community services needed by enrolled person is maximized through strategic partnerships.

Effective Innovation

- Services are delivered and providers are continuously educated in accordance with evidence-based "best practices" and empirical evaluation of provider results.
- The service system recognized that substance abuse/dependence and other mental health disorders are inextricably intertwined and integrated approaches to substance abuse/dependence and mental health evaluation and treatment are the community standard.

Expectation of Improvement

- Services are delivered with the explicit goal of assisting people to achieve or maintain gainful employment, age-appropriate education, return to or preservation of adults, children and family in their own homes, self-sufficiency and meaningful community participation.
- Services are continuously evaluated and modified if they are ineffective in helping to meet these goals.
- Behavioral health practitioner instill hope in even the most disabled that achievement of these goals is a desirable and realistic possibility.

Cultural Competency

- Service providers are recruited, trained, and evaluated based on competency in linguistically and culturally appropriate assessment, location of service sites, outreach strategies and outcomes.
- Corporate management reflects cultural diversity in values and policies.
- The Contractor and subcontracted service providers strive to improve through periodic cultural self assessment and program modifications.

ORGANIZATIONAL STRUCTURE OF THE DIVISION OF BEHAVIORAL HEALTH SERVICES

The Assistant Director and Deputy Assistant Director provide leadership and direction in accomplishing the mission of ADHS/DBHS. (See Organizational Chart - Figure 4) The management team, which is composed of the Assistant Director, Deputy Assistant Director, Medical Director, and Bureau Chiefs oversee the following functions:

Fiscal Management - The Bureau of Financial Operations provides oversight and coordination of DBHS financial and operational functions to ensure efficient, effective, and accountable operations in accordance with federal and state laws and regulations and Department policies. The Functions of the Bureau include fiscal monitoring and budget, provider services, procurement and personnel services as well as receiving incident reports of financial fraud and abuse. The Bureau has provided leadership in the development of financial standards to assure a healthy balance of the fiscal viability of the system and the needs of the clients it serves.

Planning - The Bureau of Planning and Council Support has responsibility for assisting the RBHAs in developing strategic vision and direction for publicly funded behavioral health services in Arizona. The DBHS planning process occurs at all levels of the system and ensures the involvement of all stakeholders in the process. DBHS receives input from four advisory councils, and through regional public planning meetings. The Bureau is also responsible for the development of policies and procedures, training coordination and management of the provider network status annual reports and network sufficiency analysis.

Program Development - The Bureau for Persons with Serious Mental Illness; the Bureau of Children's Services; the Bureau of Substance Abuse and General Mental Health are responsible for the design, development and provision of technical assistance to the RBHAs and provider community in each program area. These Bureaus provide leadership in establishing standards of performance, designing outcome indicators and identifying best practices.

Clinical Oversight - The Office of the Medical Director provides clinical oversight in the provision of behavioral health services. Working closely with the Medical Directors of the RBHAs, the Medical Director develops clinical practice guidelines which are used throughout the State. The Medical Director also coordinates with the Medical Director of AHCCCS and with AHCCCS Health Plans for the joint management of clients' physical and behavioral health needs.

Quality Management - The Bureau of Quality Management and Evaluation assumes responsibility for quality assessment and continuous quality improvement, utilization review and risk management. The Office for Prevention was established to provide multiple prevention strategies to target population of Arizonans who are at risk for developing behavioral health problems. This program area responds in part, to legislation which established the children's funding category. The Bureau coordinates statewide monthly meetings of RBHA Quality Management Coordinators to recommend, review and implement standards of care and practice guidelines. The Bureau also develops outcome measurement reports from the Client Enrollment Disenrollment and Assessment Reporting (CEDAR) System.

RBHA Oversight -ADHS/DBHS has established a structure for monitoring the RBHA system. The monitoring program incorporates quality concepts and decision support systems to measure the programs and services delivered through ADHS/DBHS and the RBHAs. Fundamental to the program are the RBHA Monitoring Teams. Each team is composed of ADHS/DBHS staff that represent all of the functional areas within ADHS/DBHS.

Management Information Systems - The Behavioral Health Applications Team of Information Technology Services provides automation support to DBHS to achieve its business goals. Staffs' primary function is to develop and maintain the Client Information System (CIS) application and database. This system tracks clients receiving behavioral health services in Arizona. The main functions of the system are:

- Client intake/registration
- AHCCCS interface (reporting of Title XIX and Title XXI clients and services)
- Client service tracking
- Fund tracking and reporting
- Ad hoc reporting/DBHS management reporting
- External agency reporting
- RBHA data download interface

As ADHS/DBHS moves further toward integration of data systems, additional opportunities for the continued enhancement of analysis and reporting capabilities will be identified, permitting a wide range of specialized monitoring research and projects by ADHS/DBHS.

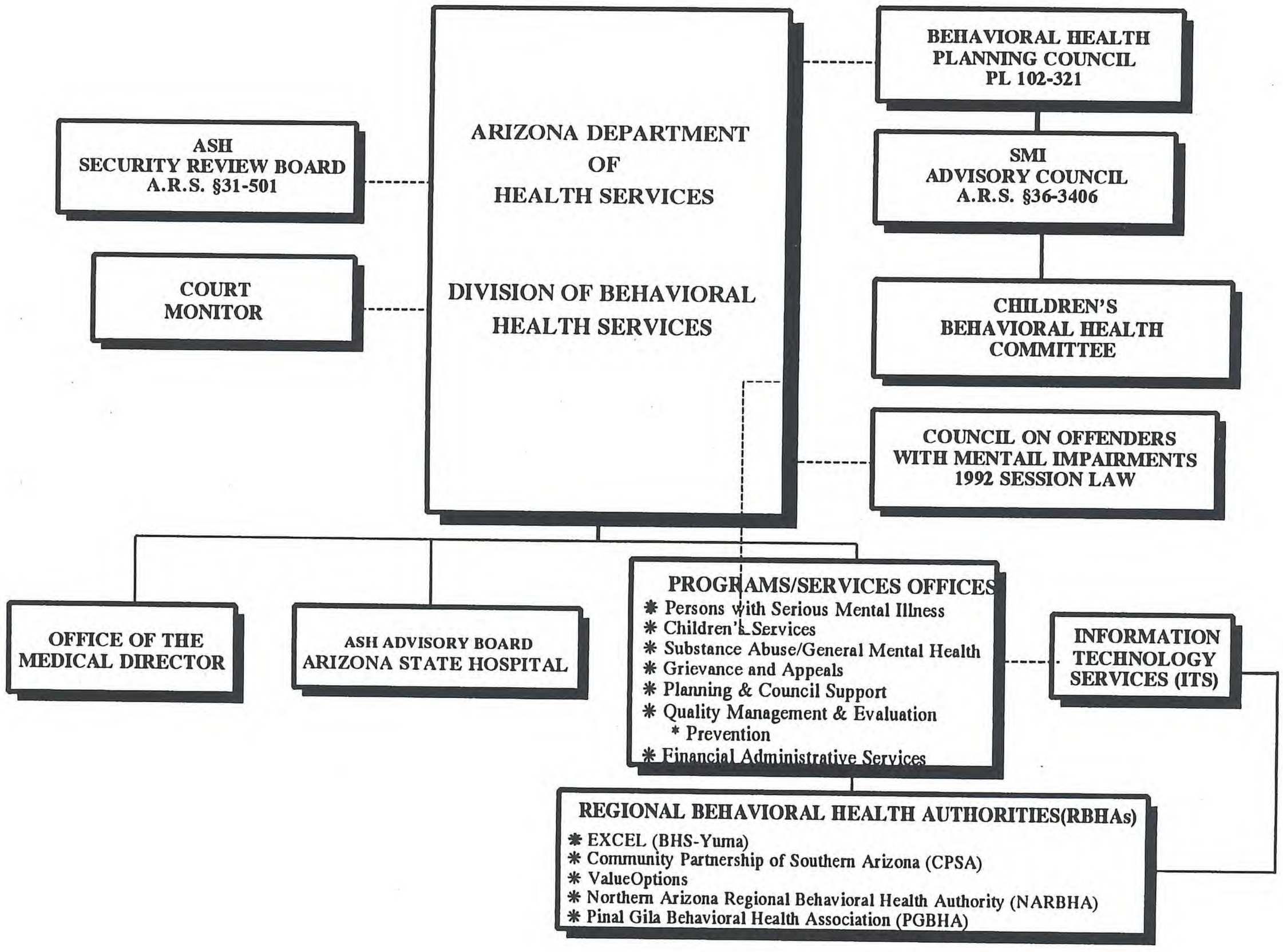
In addition to the support of the CIS system, the Information Technology Support (ITS) team develops PC stand alone applications to support business needs within various DBHS offices.

Resolution of disputes - The Office of Grievances and Appeals maintains a grievance system which provides for an administrative resolution of disputes for members, subcontractors, and providers or non-contracting providers, in accordance with state and federal regulations, statutes and standards. In addition to the grievance system, DBHS has designated specific staff members to act as ombudspersons, advocating to resolve problems or issues raised by members or providers. The Office of Grievance and Appeals is responsible for the management and implementation of the grievance system within DBHS, and monitoring at the RBHAs.

Arizona State Hospital - The Arizona State Hospital (ASH) is structurally under the ADHS/DBHS, but the Superintendent of the ASH has a direct reporting relationship with the Director of ADHS. The Annual Report of the Arizona State Hospital is contained as a separate report in this document.

Figure 4

ORGANIZATIONAL STRUCTURE



DIVISION ACCOMPLISHMENTS

Services to Persons in Need of Behavioral Health Treatment

Services Provided to Persons Who are Seriously Mentally Ill

There are approximately 22,500 persons receiving services in the Arizona behavioral health system who are classified as persons with a serious mental illness. They receive services from agencies and other providers under the auspices of five regional behavioral health authorities throughout the state of Arizona. The Bureau for Persons With A Serious Mental Illness (BPSMI) is primarily responsible for the oversight and monitoring of the services provided to persons with serious mental illnesses. BPSMI staff also provide technical assistance, training, and problem resolution in such areas as individual service planning, case management, and admissions and discharges to and from the Arizona State Hospital.

The Bureau continues to have primary responsibility for the implementation of the court ordered settlement agreement, commonly known as the Exit Stipulation, in the Arnold vs ADHS lawsuit. The Bureau plays an active role in obtaining and managing federal grants related to services for persons with a serious mental illness. Bureau staff are also actively involved in directly assisting consumer run groups. BPSMI actively encourages individuals, to provide input to DBHS and the RBHAs, on their perceptions and evaluation of the services provided to persons with serious mental illnesses.

Bureau staff serve as liaisons to other state agencies in partnership efforts to provide vocational, housing, and other supportive services to persons with serious mental illnesses. The Bureau serves as a liaison between the Arizona State Hospital and the Regional Behavioral Health Authorities in resolving issues that relate to coordination of admission and discharge planning between Arizona State Hospital and the Regional Behavioral Health Authorities.

During the fiscal year ending June 30, 2000, BPSMI accomplished the following:

BPSMI provided staff support to the DBHS Office of Grievance and Appeals. BPSMI staff mediated over 225 treatment and eligibility appeals filed by clients and applicants for services.

BPSMI continued its active participation in the review and proposed revisions of Arizona Administrative Code R9-20 and R9-21.

BPSMI staff served as staff support and/or participation to the following councils, boards, and advisory groups:

- Arizona Council On Offenders With Mental Illness
- Behavioral Health Planning Council
- Arizona Integrated Treatment Consensus Panel
- Consumer Advisory Board (For Persons With A Serious Mental Illness)
- Arizona Behavioral Health and Aging Coalition

- Interagency Service Agreement-Advisory board with RSA
- Coalition to end Homelessness

Within the Department of Health Services and the Division of Behavioral Services:

- BPSMI staff conducted over forty (40) comprehensive case study reviews to determine compliance with agreements in the Arnold vs. Sarn Exit Stipulation.
- BPSMI coordinated the activities of the Pathways in Transition From Homelessness grant. This grant provides outreach and case management services for homeless persons with serious mental illnesses. During FY99/00, the PATH grant funded screening services for over 5,130 homeless persons across the state to identify persons with serious mental illnesses.
- BPSMI served as the coordinating office for the Comprehensive Criminal Justice Diversion Intervention grant activities.
- BPSMI continued its joint effort with the ADHS Division of Assurance and Licensure Services to monitor the status of persons with serious mental illnesses residing in supervisory care homes in Maricopa county. During FY99/00, 120 class members were moved from supervisory care homes into alternative housing settings.

ADHS/DBHS Consumer Advisory Board For Persons With a Serious Mental Illness

BPSMI continues to provide direct staff support and oversight of the state Consumer Advisory Board. The Consumer Advisory Board continues to facilitate the participation of consumers and family members at regional and national consumer conferences. During the fiscal year ending June 30, 2000, BPSMI enabled over 20 consumers to attend conferences. The Consumer Advisory Board also provides consultation and recommendations to the Division of Behavioral Health Services on treatment and community support services for persons with serious mental illnesses.

BPSMI Technical Assistance and Training Activities

BPSMI provided statewide technical assistance and training on individual service planning and case management. BPSMI also sponsored training and orientation in Maricopa and Pima counties on integrated treatment for persons with co-occurring mental and substance abuse disorders. BPSMI continued to provided training in case management and individual services planning to staff of service providers for Native American Indian RHBAs.

BPSMI Housing and Vocational Rehabilitation Program Activity

BPSMI continued to work closely with the RBHAs, the Department of Commerce, and the Office of the Monitor to develop strategies to deal with the scheduled expiration of Shelter Plus Care Housing grants in the next two years. These grants will need to be replaced with non-federal funding. In addition, the expanding numbers of persons with serious mental illnesses population will require additional housing units.

DBHS/BPSMI continued its participation in an intergovernmental Agreement with the Department of Economic Security/Division of Rehabilitation Services Administration (ADES/RSA) in which state behavioral health funds are used to draw federal vocational rehabilitation funds to provide services for individuals with a serious mental illness.

Grants

The Bureau for Persons with a Serious Mental Illness is managing the following grant activities:

Arizona Integrated Treatment Consensus Panel

Through a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) of the federal Department of Health and Human Services, the ADHS/DBHS formed the Arizona Integrated Treatment Consensus Panel (AITCP) in January 1999 to initiate integrated treatment. The group met monthly and included representatives of the substance abuse and mental health services system in Arizona, including consumers, family members, service providers and community stakeholders. The University of Arizona evaluated the group consensus process and panel members conducted a thorough literature review. Training was provided by national experts in integrated treatment to panel members and community stakeholders; and, a long term plan for the implementation of services for persons with co-occurring mental health and substance abuse disorders was developed. The "Implementation Plan-Phase I" outlined the Vision, Principles, Goals, Objectives and Strategies for the long-term implementation of integrated treatment services in Arizona. Hallmarks of success were identified as milestones that will demonstrate progress toward the system envisioned by this plan.

A major impact to the delivery of services as a result of the AITCP was initiating a change in the state eligibility criteria for individuals to receive services from the Seriously Mentally Ill Program. In addition, the contracts for the Regional Behavioral Health Authorities was changed to require that integrated services that specialize in treating individuals with co-occurring disorders must be available.

Two outpatient programs were funded and are providing services utilizing the principles developed by the AITCP for individuals with co-occurring disorders in Maricopa and Pima Counties. In addition, ValueOptions, the Regional Behavioral Health Authority in Maricopa County is in the process of converting 20% of their residential treatment beds to provide integrated treatment. Local implementation panels have instituted in each region of Arizona, as well as a statewide steering committee to oversee that recommendations in the implementation plan are completed.

Through this project, collaboration with various state, federal, and local agencies was greatly enhanced and the importance of changing how we currently provided services was brought to the forefront of public agendas. The consensus model and group process used by the AITCP has been successfully replicated in at least two other states.

The Arizona Criminal Justice Jail Diversion Project

The purpose of the Arizona Criminal Justice Diversion Intervention Project is to conduct a systematic and comparative assessment of the relative efficacy of a three-tiered post booking criminal justice diversion model for persons with serious mental illness and co-occurring substance abuse disorders in the metropolitan communities of Phoenix and Tucson Arizona. The three tiered post-booking conditions examined in this study are release from jail with conditions, deferred prosecution, and summary probation.

In each of these two communities, the jail diversion programs have been implemented by the Regional Behavioral Health Authority, in cooperation with local law enforcement and judicial agencies. Specifically, this project has been designed to address the core research questions of when diversion works, for whom, and under what circumstances.

The Arizona site began baseline data collection in September, 1998. As of May 31, 2000, the last date participants could enter the study, 418 persons who appeared to meet the SMI and diversion program eligibility requirements were approached and asked to participate in the Criminal Justice Diversion Program study. Of that number, 288 (69%) agreed to participate in the study and signed the necessary Subject Consent and Release of Information forms. Of those consenting to participate in the study, 251 completed the baseline instrument and were found eligible to continue in the study based on substance use screening questions within the baseline instrument.

Data collection for three-month interviews began in December, 1998. As of July 31, 2000, the Arizona site has completed 77% (193 subjects) of the total number of eligible three-month interviews. The subject attrition rate for three month interviews held steady at about 10% for the past six months, and it is expected to end the study with approximately 226 eligible three month interviews for analysis.

Data collection for the 12 month interviews began in September, 1999. As of July 31, 2000, the Arizona site has completed 35% (89 subjects) of the total number of eligible twelve month interviews. It is expected the subject attrition rate for the 12 month interview will be about 15% which will provide a final subject pool of approximately 213 twelve month interviews. A preliminary analysis of baseline data as of April 2000 indicates no significant differences between diverted and non-diverted subjects on key demographic, diagnoses, and arrest charge variables.

A preliminary analysis of the three month data indicates that the number of subjects who reported receiving substance abuse counseling was moderately higher ($c^2=3.818$, df=1, a=0.065) among diverted subjects (24.3%) compared to non-diverted subjects (11.7%). There were no significant differences in terms of alcohol or drug use, mental health counseling, emergency room visits and hospitalizations, overall health status, victimization, past 30 days work status, and types and number of arrests in the past three months.

Housing Outcomes Evaluation Study

The Arizona Housing Outcomes Evaluation, funded by the Federal Center for Mental Health Services, is a multi-site study examining housing outcomes for persons with serious mental illness. Maricopa County is one of 6 sites in the nation comparing supported housing to alternative housing such as supervised independent living. The Arizona project wrapped up inductions in July with a total of 181 participants. This project was initially scheduled to last 2 years, but recently received supplemental funding from the Center for Mental Health Services to extend data collection through May 2001. Study participants are interviewed at the time they enter the study, then again at the 3-month, 6-month, and 12-month time points. The Community Rehabilitation Division of the School of Public Administration & Policy at the University of Arizona is responsible for overseeing all evaluation activities on the grant. The evaluation team recently completed a "Housing Fidelity" survey with all supported housing and supported independent living providers involved in the study to assess several key dimensions of housing. A similar survey to estimate housing costs is currently underway.

In addition, the project has spawned two site-specific studies involving local researchers. The first of these studies is a Geo-mapping effort by Dr. Alvin Mushkatel of Arizona State University. Dr. Mushkatel and his colleagues are using information about the neighborhoods where study participants live to examine what impact geographical location and neighborhood characteristics have on the outcomes. Under the direction of Dr. Louisa Stark of the Community Housing Partnership and Arizona State University, the second study is an effort to talk to study participants about their experiences being homeless and hear their stories in their own words. Dr. Stark and her students are particularly interested in the strategies used by study participants who are successful in making the transition from homelessness to housing. She is developing a handbook for persons with serious mental illness to use when they begin looking for housing; the handbook will have practical tips and advice about making the transition a successful one.

The Arizona Housing Outcomes Evaluation is expected to shed light on the housing options for persons with serious mental illness in Maricopa County and inform policy debates in the state as a whole.

Services Provided for Children

The mission of the Bureau of Children's Services is to support and monitor a statewide system for the delivery of comprehensive community-based behavioral health services for all of Arizona's children and adolescents.

In 1988, Arizona enacted landmark legislation mandating the development and delivery of a comprehensive continuum of coordinated behavioral health care for children. Previously these services had been provided by different agencies according to individual mandates addressing specific populations of children. A.R.S. 36-3431, et.seq. requires interdepartmental collaboration for a single system to address the behavioral health needs of all Arizona children. DBHS was designated the lead agency for the development of this children's system.

In FY2000 the Bureau of Children's Services, in partnership with other agencies that serve children, was involved in the implementation of several major projects to coordinate services to children.

Single Purchase Of Care (SPOC)

SPOC implementation is now in its fifth year. In response to an interagency Request For Proposal, over 320 renewals were accepted and approved for twenty-two behavioral health services during June, 1999. Serving the needs of more than 25,000 children in Arizona, this coordinated purchase of care system was collaboratively designed for participating state agencies to jointly use when obtaining necessary treatment for their specific populations. The joint process enables the participating agencies to collaborate on new programs and services and to collectively negotiate with providers.

The SPOC participating state agencies received permission from Department of Administration to change the SPOC process from joint contracting to joint pre-qualification of contractors. The SPOC state agencies, through the existing state and local team process, will participate in the determination of qualified providers for all licensed behavioral health services. This process will include all licensed Office of Behavioral Health Licensure agencies and behavioral health disciplines that are licensed through state boards. As the process will be open-continuous, new vendors for needed services can be acquired quickly. Cost-sharing for children with multi-agency involvement may be served more efficiently through this process. SPOC participating agencies will purchase behavioral health services from this pre-qualified list, issuing and managing their own SPOC contracts. Before executing a contract for services, the agencies will jointly negotiate, to the extent practicable, to obtain a contract advantageous to the State.

The SPOC State Team, consisting of one representative from each of the participating state agencies, will continue to coordinate the statewide contracting process, including local needs assessment and monitoring, through Local Teams.

Activities in SPOC included:

- establishment of statewide training of processes for consistent review, evaluation and negotiation of offers by Local Teams, which include representation by each participating state agency;
- development of tools and processes for statewide monitoring by Local Teams;
- coordination of consistent statewide contract compliance review by Local Teams;
- establishment of survey documents for providers, including assessing financial impact;
- compilation and distribution of an annual SPOC Resource Directory that includes contract information such as services offered, rates, staff, targeted populations, agency locations, telephone and facsimile numbers and contact persons.

As of July 1, 2000, over 300 SPOC contracts were in effect with a full continuum of care from a wide variety of providers across the state. Local Teams have reported increased communication, more shared interests, deeper understanding of their separate agencies' programs and improved networking as a result of the SPOC Program.

Plan for the Promotion and Delivery of Behavioral Health Services to Young Children 0-3 Program

The Early Childhood Behavioral Health Task Force was developed to define a system which provides access to comprehensive infant mental health services from trained and qualified practitioners in community based settings. The Task Force developed objectives and action steps to further the delivery of behavioral health services to children from birth to three years of age. The goal is to increase awareness and understanding of appropriate behavioral health treatment services and related supportive services for this population. The participants represent the Children's Bureau of BHS/ADHS, DES/Division of Developmental Disabilities, AzEIP (Arizona Early Intervention Program), Department of Education, Headstart, a parent representative, and a provider representative.

The objectives include:

- Address coordination and collaboration issues on subjects that include referral and access to services through development of policies and procedures by each agency.
- Increase collaboration among agencies serving infants, toddlers, and preschoolers needing behavioral health services through the exchange of information of written policies and procedures for all participating service delivery agencies.
- Have a training module developed by a sub-committee of the Early Childhood Behavioral Health Task Force to suggested credentialing, privileging and training criteria for agencies and practitioners serving children birth to three years of age.
- Identify and target providers who are currently serving children birth to three years of age, for specific training, support, and technical assistance statewide.

Interagency Case Management Projects

Interagency Case Management Projects (ICMPs) are fully implemented in Maricopa and Mohave Counties. The five-year pilot projects are designed to reduce the duplication of case management services for children and families currently served by multiple agencies. The purpose of ICMP is to centralize, coordinate, and manage the utilization of publicly administered services, and funds for state agencies serving children. The Maricopa and Mohave ICMP Projects differ in structure, but have the same key goals:

- Serve children with multiple needs which cannot be met though existing collaborative efforts;
- Demonstrate that a cooperative, collaborative effort can be achieved between state agencies;
- Develop an effective, efficient coordinated service delivery system;
- Ensure families and children receive appropriate and timely assessment and services;
- Improve the cost effectiveness of the service delivery system; and,
- Recommend ways to streamline administrative processes across agencies.

Both projects are in their fourth year of implementation. As of July 1, 1999, the Maricopa County ICMP provided multi-agency case management services to almost 200 children, and the Mohave County ICMP has provided Multi-Agency Team (MAT) services to 100 multi-agency children. The number of referrals to the project continues to increase steadily, as school personnel and agency case managers become more familiar with the project. Through the Maricopa ICMP, 60% of these children are considered to be seriously emotionally disturbed (SED). The Mohave ICMP currently serves 34 multi-agency children, 62% of these children being SED.

A comprehensive, multi-year evaluation of the Maricopa ICMP has been in progress for the past year. An interim progress report, recently released by the contracted program evaluators, shows that the project appears to be moving towards its intended goals. An evaluation of the Mohave County ICMP is expected to be initiated within the next year. The Mohave Oversight Committee, an interagency committee which provides local oversight and direction to the project, has concentrated its efforts on expanding agency staff in the "wraparound" philosophy of service provision. These efforts will continue during the next year through further training and implementation strategies.

The ICMP Case Management Work Group, an interagency work group responsible for providing technical expertise and guidance for the operation of the ICMP projects, continue to work on implementation issues encountered by the projects. Major issues raised include:

- duplicative paperwork requirements when a child's case is open to multiple agencies;
- numerous and duplicative case staffing requirements when a child's case is open to multiple agencies; and,

- incompatible data systems maintained by each agency which precludes the development of a comprehensive database on multi-agency children. Interagency subcommittees are currently addressing many of these issues, while others are being addressed by the Case Management Work Group, responsible for ongoing implementation of the project.

Other significant accomplishments include the development of Interagency Cost-Sharing Guidelines to streamline the process of cost sharing for services between agencies, and the development of a comprehensive service plan to satisfy case planning requirements for all involved state agencies. A contracted evaluator is currently working on a comprehensive, multi-year evaluation of the project. Issues that remain to be resolved include duplicative paperwork and data entry requirements, and the lack of a single database to collect information on the multi-agency children served by the project. Both of the inter-agency case management projects report a positive level of family satisfaction.

In Pima County a third inter-agency project has begun. The Arizona Department of Health Services, Division of Behavioral Health Services, has been awarded a $6.3 million federal grant from the US Substance Abuse and Mental Health Services Administration to develop and implement a model system of care for seriously emotionally disturbed children. Under this five-year grant a single system of care is being created to integrate services which are now provided by multiple agencies. The integration of services will provide the ability to deliver more "user friendly" services to families.

This project, dubbed Project MATCH (Multi-Agency Team for Children) is led by ADHS/DBHS, Children's Bureau and the Community Partnership of Southern Arizona (CPSA). Other key participating community stakeholders include the Department of Economic Security/Child Protective Services, Department of Economic Security/Division of Developmental Disabilities, Arizona Administrative Office of the Courts, Arizona Department of Juvenile Corrections, and the Arizona Department of Education, CPSA's At-Risk providers, and parents and families.

Project MATCH will implement three care coordination teams. Each team will serve approximately ninety children and their families. The teams consist of cross-trained staff from the key stakeholders that will coordinate services to Seriously Emotionally Disturbed (SED) children and families who are involved with two or more state agencies.

Project goals include:

- Family-centered treatment planning
- Provision of wraparound services
- Expansion of the existing service delivery system
- Enhanced involvement of parents in all aspects of the project

- Increased knowledge and availability of culturally competent services
- An evaluation component provided by the University of Arizona
- Development of a parent mentor program to support families

Other Activities Related to Children's Issues

Staff from the Bureau of Children's Services also participate in a number of additional efforts to improve the system, including:

- Continued liaison activities to comply with the Court's stipulation in the J. K. vs. Eden lawsuit. Outside reviewers from other states and local reviewers completed a review of the statewide RBHA system, and conducted interviews with parents, case managers, providers, state agency personnel, advocates and other stakeholders to obtain data for Independent Quality Evaluation reports. The results included recommendations for improving the overall system. These recommendations are being addressed in the JK Practices. Activities include a number of collaborative efforts and implementation of a number of prioritized assessment and evaluation goals:
  - The assessment is sufficient to understand the child and his/her family and incorporates a developmental and long term view.
  - People will have a shared understanding of the child and his/her family and can reach agreement on an appropriate plan of intervention.
  - The service array supports plan implementation as necessary to meet the need of the child and family.
  - Plan implementation is expected to meet treatment objectives, including achieving desired outcomes with respect to stability, permanency, and safety.
  - Families will be meaningfully and actively involved in all stages of the service delivery process.
  - There will be a unified approach/plan when there is multi-agency involvement.
  - Children will be served in their home and community to the best extent possible.
- Collaboration with the Maricopa County Juvenile Court, Child Protective Services/ Department of Economic Security, Administrative Office of the Courts, Legal Defender's Office, Office of Court Appointed Council, Public Defenders Office and the Attorney General's Office in the development of special procedures to expedite referrals and coordinate appropriate behavioral health services for those involved in Model Court cases for Title XIX funded services.

- Collaboration with Arizona Department of Juvenile Corrections (ADJC) on the development of a new process for expediting referrals into behavioral health services for youth being discharged from correctional institutions and reintegrated back into their communities. This joint effort will assist the youth in the ADJC institutions obtain appropriate entitlements and access to behavioral health services immediately upon discharge. This collaborative project will expand over the next year throughout the state and involve all the ADJC correctional institutions.

- Collaboration with the Administrative Office of the State Supreme Courts on improving the care of children whose competency to stand trial is in question. An interagency team was assembled to address restoration of these children and adolescents to competency in settings other than inpatient and residential treatment centers. A number of mental health experts presently conducting competency evaluations were contacted for assistance with the development of an outpatient restoration program. The final outcome involved new policies for the Courts addressing these children's needs and an increase in the number of agencies providing outpatient restoration programs.

- Collaboration with Administrative Office of the Courts (CAOC) and the Maricopa County Juvenile Probation Department in the development of an evaluation, coordination and referral process for juveniles that are placed into detention at the Durango Court Center or the Southeast Juvenile Court Center. This joint effort is to ensure that detained juveniles in need of behavioral health services are able to have easy access to the behavioral health service delivery system. The project members continue to meet monthly for system monitoring and improvement issues.

- Participation in the Governor's Office "No Wrong Door" Task Force created in August, 1999, via an Executive Order creating a children and families' service delivery improvement team. The Task Force's mission has been to develop recommendations for service integration across state agency boundaries which are designed to enable children and families to more easily receive appropriate services regardless of the agency they initially contact for assistance. After assessing all the services and programs provided by state agencies to children and families, the team is identifying ways to connect multiple agencies, using technology and other tools.

- Participation in the Juvenile Justice Coordination Committee. The Arizona State Legislature commissioned Deloitte Consulting to conduct an evaluation of the juvenile justice system in Arizona. As a result of the audit and its findings, the Arizona State Legislature established the Juvenile Justice Coordinating Committee (Senate Bill 1073/1999 Session). The purpose of the committee is to supervise and assist in the implementation of the Deloitte recommendations from the report and to adopt policies for the better coordination and dissemination of juvenile justice information among city, county and state agencies that deal with juvenile offenders.

Services Provided for Persons who Require Treatment for Substance Abuse Disorders and Services for Persons with General Mental Health Needs

The Bureau for Substance Abuse and General Mental Health (SA/GMH) is primarily responsible for the oversight and monitoring of services managed by RBHAs. SA/GMH provides training, problem resolution solutions and technical assistance to RBHA and Arizona Health Care Cost Containment System (AHCCCS) staff. The Bureau plays a vital role in managing federally funded grants that are allocated to provide substance abuse and general mental health treatment, prevention and intervention services to the community. Below are a list of existing programs and Bureau accomplishments for fiscal year 1999-2000:

- The federal fiscal year 2000 Substance Abuse Prevention and Treatment Block Grant (SAPTBG) application was prepared and submitted to the federal Center for Substance Abuse Treatment, and awarded to the Governor for use by the ADHS. The grant is provided to states by the federal government for the purpose of funding treatment, prevention, planning and administration of a portion of the state drug and alcohol treatment and prevention system. The award is for $27,127,147. Both the Bureau of Substance Abuse and General Mental Health and the Bureau of Prevention make use of the majority of these funds contracting with five RBHAs who serve six geographic areas by subcontracting with numerous providers of alcohol and other drug treatment and prevention services.

- The Substance Abuse Prevention and Treatment (SAPT) Block Grant provides funding to implement HIV Early Intervention Services to individuals undergoing treatment for substance abuse. In accordance with federal regulation 96.121, five percent (5%) of the SAPT Block Grant award is utilized to provide HIV Early Intervention services which consist of "testing individuals to confirm the presence of the disease," provide appropriate HIV and AIDS pre-test and post - test counseling, provide information on "appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease."

The Division of Behavioral Health Services, ADHS ensures programmatic compliance of 96.121 through its contracts with regional behavioral health authorities. In support of compliance efforts DBHS has determined that centralized purchasing and distribution of HIV oral specimen collection devises (OraSure) is one of the most cost-feasible methods of providing access to HIV test technology within the regional behavioral health system. The Office of HIV/STD and the Division of Behavioral Health Services, ADHS have collaborated efforts to make HIV test technology available within the regional behavioral health system through centralized purchasing and distribution networks established by the Office of HIV/STD Services. This year DBHS obligated $16,000 of the SAPT Block Grant to the Office of HIV/STD to purchase and distribute OraSure testing devices. The OraSure devices were distributed to the regional behavioral health agencies which in turn distributed the test to subcontracted providers, for the purpose of making HIV testing available to individuals undergoing treatment for substance abuse. Approximately 777 HIV test were processed from October 1999 - June 30, 2000.

- Correctional Officer/Offender Liaison (COOL) program provides substance abuse and behavioral health service needs to high risk offenders on parole from the Arizona Department of Corrections. The amount of money transferred to ADHS/DBHS for this program was increased to one million dollars per year. The following is a summary of participants that have received services this year from the COOL Program, through an Inter-Agency Service Agreement (ISA) between ADHS and ADC:
  - 5308 participants were referred
  - 3089 participants received assessments and intakes
  - 5777 participants received treatment
  - 1047 participants completed treatment
- Treatment Outcome Prospective Pilot Study, The "TOPPS I Project" was completed and submitted for federal review on June 30, 2000. This was a prospective study of patient outcomes among adults participating in substance abuse treatment to assess the feasibility of studying outcomes. It included interviews with 415 adults around the state who received substance abuse treatment services. Interviews were conducted at intake, discharge, six months and nine months post-discharge. Outcomes for treatment completers at discharge from treatment revealed:

Percent who said they: (In the last 30 days)	**At Admission (N=64)**	**At Discharge (N=64)**	**% Change**
Drank or used drugs	42 (66%)	6 (9%)	-86%
Were employed	21 (33%)	34 (59%)	+62%
Were homeless	14 (22%)	6 (9%)	-57%
Were arrested	10 (16%)	8 (13%)	-20%

Arizona was one of 19 states selected to participate in the TOPPS II study. This is a $1.6 million 3 year agreement with the Center For Substance Abuse Treatment to develop performance measures. The TOPPS II consensus panel, which is comprised of substance abuse treatment agencies, consumers, and other state agencies with a stake in the treatment system, met monthly to craft performance and outcome measures. The information will be permanently included in the evaluation system. This includes a cost offset study for substance abuse that impacts hospitalization and child welfare. The TOPPS II project is ongoing and is currently in the data collection phase. SA/GMH has currently recruited 473 clients with the goal of having 751 at the completion of the study.

- The Bureau of Substance Abuse and General Mental Health participated with the Arizona Drug and Gang Prevention Resource Center, (ADGPRC) in collecting data necessary for the production of the Arizona Drug and Gang Prevention and Treatment Program Inventory. The Inventory, provided to the Governor and the Legislature each year, attempts to collect in one document program descriptions and financial data about substance abuse education, substance abuse and gang prevention, and substance abuse treatment programs that are supported by the various Departments of State government. All included programs seek to resolve or ameliorate substance abuse and criminal street gang related problems in Arizona.

Coordination With Community and State Programs

- The Family Recovery Partnership is a pilot collaborative effort between addiction treatment and the child welfare system to provide rapid and comprehensive substance abuse intervention and recovery support services for families with children involved in Child Protective Services (CPS). The Partnership provides for a holistic approach to family recovery, including provision of rehabilitative, wrap-around and ancillary services that maximize cost-sharing between systems and include services beyond the ADHS/DBHS Service Matrix. Services provided through this program focus on the dual goals of child permanency and family recovery and include connections to a broad array of community-based programs.

- Child welfare and Temporary Assistance to Needy Families (TANF) recipients with substance abuse disorders have been identified nationally as key populations for the targeting of drug and alcohol treatment and rehabilitative services. Senate Bill 1280 establishes a $10 million fund (the Joint Substance Abuse Treatment Fund) to be jointly administered by ADHS and DES and supported through the TANF Block Grant for the development, provision and evaluation of treatment services to TANF recipients and parents in the child welfare system for whom substance abuse is a significant barrier to reunification. The SB 1280 Steering Committee chaired by the Governor's Office convenes quarterly to discuss programmatic issues. Participants include various state agencies and the Directors of Department of Health and Economic Security.

- The Women's Treatment Services and Supervision Network continues to expand services and diversion opportunities for women offenders by providing them with treatment instead of incarceration. The program also assists female offenders with employment and social needs.

  As of 6/30/2000:
  - 3496 women have been screened for network eligibility
  - 1605 women were assessed for services
  - 1112 were enrolled in services
  - 287 have completed treatment
  - 151 are actively enrolled in network services
- The BSA/GMH continued to coordinate with the Department of Corrections' (DOC) cross-training on substance abuse treatment with DOC staff and community providers.
- In compliance with the Federal Anti-Drug Abuse Act of 1988, P.L. 100-690, ADHS has established a revolving fund to provide loans to recovering individuals to rent homes to use as self-run, self-supported group homes that are alcohol and drug free. The seven Oxford homes located in Arizona provide permanent homes for those individuals that prefer living in a supportive environment.
- Pilot Project on Integrated Services to Pregnant Substance Using Women - Esperanza (Hope) Laws 1999 appropriated funding to the ADHS to test a specialized model of integrated care delivery for pregnant women with substance abuse service needs. The project is coordinated through an interagency partnership of the Arizona Department of Health Services, the Department of Economic Security, Arizona Health Care Cost Containment System and the Governor's Division for Children. The partner agencies designed and released a competitive procurement which was awarded to El Rio Health Center in Tucson on July 1, 1999 for the Esperanza (Hope Project). In the first year of the program, El Rio developed a formal network agreements with a dozen community collaborators in the Tucson area, designed and trained the collaborators on an integrated health/behavioral health/social service information management system and enrolled more than 50 pregnant women into the program. The pilot project is undergoing an evaluation by the Office of the Auditor General to assess outcomes for women and their newborns from integrated care delivery.

- The BSA/GMH staffed the annual work plan and activities of this legislative committee on prevention and treatment of substance abuse among women of child-bearing age. The Oversight Committee is comprised of 21 members representing primary and public health care, substance abuse treatment, the justice system, and social service agencies. During FY1999, the Committee provided oversight to the Pilot Project on Integrated Services at El Rio and drafted legislation to appropriate additional funds to support integrated service delivery models. In its 1999 Report to the Legislature, the Committee issued three recommendations:
  - To explore and expand models of integrated care for substance abusing pregnant women and their families;
  - Identify additional models of integrated care addressing the needs of women in the criminal justice system, including Drug Courts and Family Courts;
  - To identify sources of private funding that support integrated models of treatment and service delivery for this population.

The State of Arizona in cooperation with the U.S. Department of Justice and Arizona State University, has announced a program to create partnerships with local communities to revitalize high-risk areas through comprehensive strategies for sustainable safety and community development. Communities are asked to respond to a Request For Grant Applications. ADHS is one of the participants with as much as $500,000 from the SAPTBG award allocated for up to two communities who want to strengthen substance abuse treatment and/or prevention. The process is under way with implementation expected to begin by 1/1/2001. Other funds from many Departments of State Government have been allocated to address needs for public safety, community services, education, economic development and physical infrastructure.

Integration of Substance Abuse Priorities with Internal Activities

- The BSA/GMH collaborated with the Bureau of Quality Management and Evaluation in designing and coordinating the annual Independent Quality Evaluation Study (IQE). The target population for the IQE 2000 was pregnant substance-using women. Elizabeth Howell, MD, a board-certified addictions psychiatrist, developed the study protocol and instrumentation and conducted the IQE review. The study blended programmatic analysis of twelve substance abuse treatment agencies across the state with reviews of more than 120 medical records for women treated in FY99. Study findings highlighted best practices and needs for system development in treating this high-risk population. The annual IQE is a requirement of both AHCCCS, for Title XIX women, and the Substance Abuse Prevention and Treatment Block Grant.

- The BSA/GMH participated in a special work group to revise the ADHS/DBHS Determination Policy for Serious Mental Illness to better meet the needs of individuals with co-occurring psychiatric and substance abuse disorders. The revised Determination Policy includes clinical guidelines for substance use symptomatology to assist clinicians in identifying clients with both primary mental health and primary drug/alcohol problems. The Work Group consisted of the Medical Directors of the Division of Behavioral Health, ValueOptions and Community Partnership of Southern Arizona, the Bureau Chiefs for Substance Abuse and Persons with a Serious Mental Illness, and Ken Minkoff, MD, a national expert in co-occurring disorders. The new policy was implemented October 1, 2000.

Services Provided by the Office of the Medical Director

The Office of the Medical Director continues to work closely with the RBHA Medical Directors, Arizona State Hospital Chief Medical Officer and the Clinical Program Bureaus to improve quality of care throughout the state.

Focused case review modules for the Service Planning Guidelines have been developed by the Office of the Medical Director, in collaboration with the BPSMI, BCS, BSA/GMH and BQME, for schizophrenia in adults and for conduct/oppositional disorder in children. These instruments will be piloted during the FY2000 Operational Review of CPSA. Further refinements and addition of other disorders are planned before they are rolled out for general use.

Prevalence, enrollment and penetration data have been collated for each geographical service area for adults with major mental illness (schizophrenia and other psychotic disorders, bipolar disorders and major depression). These will be analyzed and correlated with cost and assessment data, paired with case review modules, and compared with national data to create a fully coherent set of penetration and treatment expectations. In the coming year, this model will be refined to account for co-occurring substance abuse and severity of functional level.

All clinical policies were reviewed and revised this year, including a substantial revision to and training of RBHAs on the process of determination of seriously mentally ill status.

Services Provided by the Office of Grievance and Appeals

Since November of 1992, the Office of Grievance and Appeals (OGA) has focused on providing effective grievance and appeals processes for resolving disputes filed by any individual receiving mental health services and any provider of mental health services. These processes were developed and implemented to conform with the applicable Arizona State Statutes, Arizona Administrative Code, federal regulations from the Health Care Financing Administration, the Division's contract with AHCCCS and ADHS/DBHS policies and procedures. These processes are reviewed and revised on an ongoing basis as required by AHCCCS.

The DBHS Office of Grievance and Appeals is responsible for the administrative oversight of the grievance and appeals system for behavioral health by providing technical assistance and training to ensure RBHA compliance with grievance and appeal notices, policies, procedures and processes. This office also conducts reviews of random cases and yearly operational and financial reviews of each RBHA's overall performance.

The DBHS Office of Grievance and Appeals is responsible for conducing informal conferences for appeals that rise to the Division level from the RBHA. Appeals that are not resolved at this level are forwarded to the Office of Administrative Hearings.

Deaths and allegations of physical and/or sexual abuse of individuals with a serious mental illness are investigated by this office. Upon completion of an investigation conducted by the DBHS Office of Grievance and Appeals, corrective action may be required of the RBHA regarding any finding of abuse or violation of rights.

During Fiscal Year 1999 - 2000, there were a total of 1282 appeals, grievances and requests for investigations initiated statewide. Of the 1282 cases, there were:

- 1034 appeals
  - 18 appeals went directly to AHCCCS for an Expedited Hearing
  - 659 appeals concerned denials SMI eligibility
  - 56 Provider Appeals
- 194 Grievances
  - 140 initiated at the RBHA level
  - 54 initiated at the Division level
- 54 Investigations
  - 13 initiated at the RBHA level
  - 41 initiated at the Division level

Services Provided by the Office of Prevention

The Office of Prevention was established to provide multiple research-based prevention strategies to target populations and communities of Arizonans who are at risk for developing behavioral health problems. The office provides leadership to the prevention field in Arizona by acting as liaison to the U.S. Center for Substance Abuse Prevention, The National Prevention Network, and the National Center for the Advancement of Prevention. The Office of Prevention develops initiatives and sets statewide direction for the application and advancement of state of the art prevention programs and practices. State of the art prevention and technology are provided to the field through consultation, technical assistance, and specialized training and seminars. Office staff work cooperatively with community groups to:

- develop and deliver training on specific topics;
- address statewide issues related to prevention; and
- to provide technical assistance in the development of new programs and services.

One limited grant-funded position was established, e.g. Administrative Assistant I. This position reports directly to the Manager of Prevention. The position was created primarily to assist with the Geographical Information System data entry and to lend administrative support to the Prevention Needs Assessment family of studies.

For the state fiscal year $10.736 million was allocated to support community-based prevention programs excluding the competitive grants described below. Community-based prevention providers use research-based strategies and program models to address attributable risk factors for behavioral health disorders including conditions contributing to substance abuse. Fifty-four agencies operated seventy-four programs statewide serving127,352 children and youth with an overall count of more than 250,000 persons reached through behavioral health prevention programs for the fiscal year.

Among Office accomplishments are the development and implementation of standardized core training for all community-based programs receiving DBHS prevention funding, providing statewide leadership in the advancement of a common theoretical and research grounded model for both the DBHS/RBHA prevention system and for use among other state agencies, and the continued promulgation of the DBHS *Prevention Framework for Behavioral Health* as a platform for sound program planning and intra-agency coordination.

Among current grant initiatives are the State Incentive Grant and the Statewide Needs Assessment. The federally funded State Incentive Grant (SIG) has resulted in a cooperative agreement among the Governor's Division of Drug Policy, the ADHS/DBHS/Office of Prevention and the Center for Substance Abuse Prevention (CSAP). As part of the Secretary of Health and Human Services' Initiative on Youth Substance Abuse Prevention, the primary focus of the SIG is to prevent marijuana use among youth ages 12 - 17 with additional focus on preventing illicit drug use, methamphetamine and underage alcohol use. The SIG contains three integrated components:

- Implementation of scientifically-based prevention programs and strategies
- Coordination, leverage and/or redirection of substance abuse prevention resources, and
- Increasing the coordination and enhancement of community based coalitions

The Office of Prevention has worked closely with the Governor's Office for Drug and Gang Policy (ODGP) in the past year to implement the SIG. DBHS continues to work with the ODGP to further develop the current state system of prevention including the methods to evaluate program effectiveness and community outcomes.

The Prevention Needs Assessment Grant employs a family of studies to identify geographic areas and populations at risk for behavioral health issues and to determine the level of need for behavioral health prevention services in relation to the service availability within the state. The family of studies focuses on three areas: 1) Middle and high school student risk and protective factor survey; 2) Statewide assessment of research based archival and social indicator data; and 3) Assessment of current prevention resources in the state. The middle and high school student survey will assist DBHS in estimating the number and characteristics of middle and high school students who are at-risk for alcohol, tobacco, and other drug use in Arizona and to isolate specific risk and protective factors by defined geographical areas (school districts and individual schools) and the demographics of the target population (gender, grade level, ethnicity, etc.) The survey will assist the schools and local behavioral health providers to plan, develop and implement prevention strategies and programs which are targeted to the specific needs of the students and families in each school community. The sampling methodology will allow generalization to the students in the region studied, so all schools and students will benefit.

The Resource Assessment Study will allow for comparison of the relative levels of prevention services provided, identification of prevention strategies delivered, and the gaps and duplications in prevention services as well as determine whether appropriate services are geographically proximate to subpopulations in need.

The third study consists of two years of following thirty-six validated archival indicators of risk and outcome variables that predict problem behavior. This study will provide a comprehensive assessment of social indicators related to behavioral and community health. The Office of Prevention will compile and analyze these indicators in one place, making them accessible to other state agencies and community groups.

Data from the three studies will be collected and analyzed by the Office of Prevention in such a manner as to identify the exact needs of various demographic subpopulations in definable substate geographic areas for a populations study. DBHS will use Geographic Information Systems (GIS) technologies to significantly enhance the presentation and analysis of the date generated from the student survey, community resource assessment and social indicator studies.

Services for American Indians on Reservations

The Arizona Department of Health Services, Division of Behavioral Health Services currently have Intergovernment Agreements (IGAs) with four Arizona Indian Tribes to provide covered behavioral health services for American Indians on Reservations.

Gila River Indian Community, Navajo Nation, and Pasqua Yaqui Tribe of Arizona have an IGA for both Title XIX and State Subvention Services.

Colorado River Indian Tribe has an IGA for State Subvention Services. Services to other Native American Indian Tribes are provided and covered by the local RBHA in which the tribal reservation resides.

Quality Management and Evaluation

The Bureau of Quality Management and Evaluation (BQME) has led Division wide efforts to implement the ADHS/DBHS Quality Management/Utilization Management Plan 5.2 during FY1999/2000. The QM/UM Plan defines a comprehensive, continuous quality assessment and improvement process for behavioral health services in Arizona. The purpose of the QM/UM Plan is to ensure procedures are in place to evaluate the delivery of behavioral health services and to make recommendations for the measurement and improvement of client care as well as the administrative and fiscal management of the RBHAs.

Quality Improvement

The DBHS quality assessment and improvement processes are based on our guiding principles and strategic goals. Multiple and various data collection and analysis mechanisms have been developed and implemented.

The Quality Improvement Unit's accomplishments include:

- Submission of Treatment Episode Data Set data for calendar years 1999 and 2000 to the Substance Abuse Mental Health Services Administration.
- Produced Annual Case File Review Report summarizing the chart review data for all Title XIX populations as reported by the RBHAs during July 1999 through March 2000. The Annual Case File Review Report is an AHCCCS/ADHS contract deliverable.
- Developed new Case File Review software program with Year 2000 specifications and flexible reporting capabilities.
- Logistical production of a revised FY1999/2000 Operational/Financial Review Audit Tool based on the ADHS/DBHS Guiding Principles along with related materials, such as corrective action plan matrices, a Team Leader Handbook, and various instructional materials for the ADHS/DBHS Operational and Financial Review Team members.
- Compiled crosswalk of ADHS/DBHS requirements with federal Health Care Financing Administration Quality Improvement Statistics for Managed Care requirements and standards.
- Compiled summary of Cultural Competency literature/information for the Bureau of Planning and Council Support.
- Compiled standards for information management from various sources (JCAHO, NCQA, QISMC).
- Compiled overall summary of JCAHO expectations of the RBHAs.
- Compiled summary of current data on the use of seclusion and restraint.
- Refined Quarterly QM Report process to include standardized report formats and revised performance measure specifications.

Monitoring the Service Delivery System

One of the key focuses for Quality Improvement is to further strengthen and build capacity to oversee and regulate the state's service delivery system as delivered by and through the RBHAs. Information gained through multiple oversight and regulatory processes serves to inform DBHS management and promote data based decision making. DBHS employs the following mechanisms to collect and analyze data for decision support purposes:

Operational and Financial Review

This Division wide process evaluates the RBHAs' performance against contract and policy/procedure requirements in the areas of general management, network management, network development, cultural competency, member services, personnel, planning, medical staff, grievance and appeals, utilization management, quality management, clinical management prevention, claims and encounters, financial management (access to services, emergency services, case management, service planning and monitoring, clinical supervision and training, confidentiality, and special populations such as IV drug users, pregnant/parenting substance abusing women, and HIV infected clients), and information management.

Case File Review

This process includes a review of the client's behavioral health record for the past twelve months of services inclusive of the enrollment and assessment/evaluation processes, service planning, service delivery and progress, inpatient services, coordination of care with the primary care physician, other agencies serving the same client, and with the family, discharge planning, medication prescription and monitoring, and psychiatric services. The case file review occurs in every RBHA at least annually with a sample of cases selected to meet specific criteria for inclusion in the review.

Problem Resolution Referrals

This process is tracked through an automated application (Problem Resolution Reporting System - PRRS) developed in-house at DBHS. When referrals are made to DBHS involving a problem that needs to be resolved, the involved Clinical Bureau or the Quality Management and Evaluation Bureau records the contact in the PRRS and tracks it to completion.

Utilization Management

DBHS trends several utilization indicators including enrolled patient days, user member months, enrolled patient days/1000 for four levels of care (inpatient acute, Arizona State Hospital, residential treatment, and psychiatric health facility), readmission rates within 30 days, cost of service provision, value of service provision (functional change scores and the average cost to attain the positive or negative change effect), average length of stay, and number of admissions and discharges. The data is trended quarterly. Statistical Process Control Charts track the utilization indicators in order to detect normal variation in utilization versus outliers.

Utilization review for the Tribal RBHAs continues through a DBHS Utilization Review Nurse. Direct billing by the Tribal RBHAs now enables them to enter enrollments, assessments, and service requests on-line. The Utilization Review Nurse reviews the information on-line, authorizes or denies services, and submits the information electronically to AHCCCS. Once received, AHCCCS matches the electronic service authorization to the claims received in order to adjudicate the claim and pay the Tribal RBHA and/or provider.

Grievance and Appeals

DBHS has long had a mechanism to track the volume and type of grievance or appeal. Aggregate data in these areas will be compared to the problem resolution referral data to detect trends in type of issue as well as regional differences in filing rates, issues, disposition of the grievance or appeal, and effectiveness of corrective actions and improvement efforts.

Seclusion and Restraint Reporting

As required by A.R.S. R9-21-204 data is collected and trended for the population of adults living with a serious mental illness. Each inpatient and psychiatric health facility which provided services to the population reports seclusion, restraint, and seclusion & restraint occurrences to the RBHA with which it is subcontracted. The RBHAs then summarize the occurrences and forward a summary sheet as well as a copy of each incident report to DBHS. DBHS enters the data and trends it for review by the Bureau for Persons with Serious Mental Illness. If the rates are higher than expected, using Statistical Process Control charting as a method to detect outliers, DBHS will conduct an investigation.

Mortality Reporting

As required by rule, data is collected and trended for the population of adults with serious mental illness. The rate of mortalities per thousand is computed for each quarter and annually by geographical service region and statewide. In addition, the cause of death and the rural vs. urban average mortality rate is computed. The data is reviewed by the Bureau for Persons with Serious Mental Illness at least quarterly.

Fraud and Abuse

This data is collected by QM and trended by RBHA and statewide for consideration by management. All incidents of Medicaid fraud and abuse are forwarded on to AHCCCS for review and possible investigation.

Financial Viability Measures

DBHS measures the liquidity ratios, performance ratios and Title XIX ratios for each RBHA in order to determine the ability of the RBHAs to cover their short term liabilities, to manage their resources, and to maintain expenditures at prescribed levels.

Information Systems

The Business Information Systems unit of the BQME supports the Division through production of ad hoc and routine reports, conducting data quality reviews and taking action to increase data integrity. The unit consists of a Manager and four programmers, increasing the information technology resources of the Division substantially.

Initiated a data integrity improvement project designed to assess the completeness and accuracy of data submission by the RBHAs to the ADHS/DBHS Client Information Systems.

Research, Evaluation and Dissemination

The Research, Evaluation and Dissemination Unit within the Bureau of Quality Management and Evaluation advances embedding data and statistics into the Division's critical function of assessing the attainment of its goals and objectives. This unit provides technical support to planners, policy makers, and program administrators by equipping them with a better understanding of the complex interaction of the demand for and supply of behavioral health services under the rubrics of a managed care system. Toward this end, the unit carries out the following functions:

- dissemination of information about statewide and nationwide programmatic research/ evaluation findings,
- best practices, survey research, and performance measures;
- development of benchmark measures;
- development of epidemiological models with predictive demographic capability that may be useful in establishing capitation rates as well as in planning for strategies responsive to changes in the demand for behavioral health services;
- provision of technical assistance to staff on research, clinical, and programmatic evaluation tools and analytical methodologies; and
- generation of focus studies that will stimulate staff discussion on particular issues.

Three limited grant-funded positions were established, e.g., Administrative Assistant II, Program and Projects Specialist II, and Research Statistical Analyst III. These positions report directly to the Manager of Research, Evaluation and Dissemination. The staff are responsible in implementing the Mental Health Statistics Improvement Project's State Indicator Pilot Grant.

Several reports were completed by the Research Unit during the year, which includes: Statewide Report on the 1999 Statewide Consumer Perception Survey, Implementation Plan for the DBHS Geographic Information System, Statewide Summary Report on FY99 Medical Care Evaluation Studies, literature reviews of best practices for schizophrenia, conduct disorder and pregnant substance abusing women and the Pinal-Gila Behavioral Health Association (PGBHA) Satisfaction Survey Report for the October and January cycles.

The Research Unit provided technical assistance to the RBHAs on training evaluation for the Zero to Three Training Series. The Unit also developed the evaluation design and instrument for this purpose. The staff is currently writing the Interim Statewide Evaluation Report.

The Unit coordinated the Independent Quality Evaluation contracted by DBHS to an external evaluator, Dr. Beth Howell of Georgia who acted as the liaison between and among the various parties involved, i.e. AHCCCS, her team of consultants, the Bureau of Substance Abuse, and the Bureau of Quality Management and Evaluation. The final report has been submitted to AHCCCS and distributed to the RBHAs.

The Unit coordinated the development of the Division's capacity to use Geographic Information System (GIS) as a tool to present data on provider network and clients. An official GIS map layout has been developed for DBHS. The provider network of the RBHAs have been plotted. On a limited scale, an analysis of the GIS maps showing interface of provider and client physical location is currently being undertaken.

The Unit developed and administered a provider survey to gather information on provider's perception of service accessibility. A final report has been submitted and further study of the issue is currently under consideration.

The Unit coordinated and tabulated data for two survey cycles under the state-funded Client Satisfaction Incentive Program piloted in PGBHA. A computer program was developed to streamline the process of data reporting and at the same time increase data integrity.

The Unit administers the implementation of the MHSIP State Reform Grant and the State Indicator Pilot Grant. The State Reform Grant provides support in increasing the state's capacity to implement performance measures while the State Indicator Pilot Grant supports the development and implementation of 32 standardized performance measures across 16 states. Initial extraction of data for a subset of measures have begun as well as discussion with other state agencies to match data files have been initiated. The State has been participating in various MHSIP subgroups and has been making recommendations for the refinement of these measures.

The Unit has also been coordinating the Division-wide Performance Indicator Work Group. This work group is tasked to review, align, and streamline existing performance measures that DBHS has been using for performance evaluation. Several work products are expected from this work group: A Framework of Arizona Behavioral Health Performance Measures, Procedural Manual in the Computation of Performance Measures, on-line data reporting on Performance Measures, and presentation of performance measures to stakeholders.

The Unit coordinated and served as liaison to the ongoing research study by Brandeis University on the State Substance Abuse/Mental Health Managed Care Evaluation funded by the Center for Mental Health Services. During the past fiscal year, the Unit provided the researcher a complete data file for the study, coordinated the February site visit, reviewed the researcher's data analysis and coordinated the presentation of results to the RBHA CEOs. Likewise, the Unit participated in the Advisory Council Meeting held in April. The study period was extended to include recent data until April 2000. The expected completion date of the project is June 2001.

The Unit coordinated and served as interim Chair for the Maricopa County Evaluation Oversight Committee and assisted the evaluator in the preparation of a public presentation of the study's interim findings. The Unit also provided technical assistance to the Mohave ICMP Oversight Committee in the conduct of the Mohave County ICMP's program evaluation.

The Unit sponsored a debriefing meeting with the RBHAs on the 1999 Statewide Consumer Perception Survey. A resource person, Judy Hall, Ph.D., was invited from Colorado to provide technical assistance to the group in planning the 2001 survey cycle.

The Unit presented results of the 1999 Statewide Consumer Perception Survey at the WICHE meeting. Also, a presentation was done at the 7th National Case Management Conference on Models of Collaborative Case Management for Multi-Agency Involved Children in the State of Arizona.

New Programs/Grants

DBHS received Federal approval for the request for no-cost extension of the State Reform Grant. This grant provides $200,000 for capacity build-up to implement the state's performance measurement system and improve data integration.

The application for grant continuation for Year Two of the State Indicator Pilot Grant was also approved. This grant project has a funding of $98,252 per year for three years. The request to carry over unspent grant money from Year One was likewise approved.

Policy Development and Involvement of Key Stakeholders

The Bureau of Planning and Council Support (BPCS) is responsible for:

1) strategic planning,
2) ADHS/DBHS policy and procedure development,
3) division wide training coordination,
4) supporting various council and committees that provide ongoing assistance to ADHS/DBHS and,
5) supporting Department wide planning activities.

Planning

The BPCS continues to work with the Regional Behavioral Health Authorities to develop annual strategic plans that address the needs of person in need of behavioral health treatment. Each RBHA develops an annual plan that includes:

- needs assessment based on incidence and prevalence of behavioral health disorders, utilization of covered services and identified community needs
- description of the services available to residence in the GSA
- analysis of gaps in the service delivery system
- description of how acuity, risk and functioning level are used to prioritize Non-Title XIX/XXI services
- approaches to community input
- goals and measurable objectives
- cultural competence plan

The BPCS meets on a bi-monthly basis with the RBHA planners to assist in any policy issues, provide clarification with the annual planning process, and to provide a forum for information sharing among with RBHA planners.

Policy and Procedure Development

The BPCS manages the policy development, review and training process for the DBHS. A Policy Review Committee, consisting of a cross section of staff from the Division, AHCCCS and the Attorney Generals Office meet on a weekly basis to renew, revise and create policies. Through an external review process both providers, RBHAs, planning councils, and other state agencies and advocates comment on policy revision. This external process provides valuable information about the effect of policy changes and is a mechanism for changes and suggestion from stakeholders.

Training Coordination

An important function of the BPCS is to coordinate any new statewide training initiatives. The BPCS was intimately involved in the statewide training effort of the new SMI Determination Policy. The BPCS also meets bi-monthly with the RBHA trainers to discuss any new training initiatives, facilitate information sharing between the RBHAs as well as provide support for any training issues, guidance and technical assistance needed by the RBHAs.

Council and Coalitions

ADHS/DBHS has a valuable resource in the various advisory bodies which have been established, either through state or federal mandate, to provide guidance in the planning, implementation and provision of behavioral health services. DBHS provides staff support to each of the councils and their various committees.

- **Arizona Behavioral Health Planning Council**

  The Arizona Behavioral Health Planning Council, established through Public Law 99-660 and its subsequent amendments, is an advisory body to ADHS/DBHS charged with the responsibility for reviewing, monitoring and evaluating the adequacy of behavioral health services in Arizona as well in the development and implementation of the State Comprehensive Mental Health Services Plan for Children and Adults. The Council also serves as an advocate for adults who live with a serious mental illness (SMI), children who are seriously emotionally disturbed (SED), and other individuals in need of various behavioral health services.

  The Council represent urban and rural areas statewide. The membership includes providers, consumers, family members, tribal representatives, advocates, mental health professionals, and representatives from state agencies. The Planning Council holds annual retreats to examine past accomplishments and strategically plan for the future.

- **Children's Behavioral Health Committee**
  The Children's Behavioral Health Council, established pursuant to Arizona Revised Statutes, 36-3421-22 to oversee the development of a single, comprehensive, coordinated continuum of services for children was repealed by SB1336. Effective January 2000, the former Children's Council will continue to function as a sub-committee of the Arizona Behavioral Health Planning Council. It will maintain its 21 members and continue to provide a strong link for the local children's network to the state behavioral health system, via information sharing and offering recommendations to improve the children's behavioral health system to the Governor and Arizona.

- **The Council on Offenders with Mental Impairments:**
  In 1992, the Arizona Legislature created the Council on Offenders with Mental Impairments. This Council is charged with determining the status of offenders with mental illness, mental retardation, and developmental disabilities within the state's criminal justice system to identify the services needed by those offenders. The Council meets monthly at various behavioral health and correctional sites statewide assessing treatment needs and services for mentally impaired offenders. Some of the Arizona Council on Offenders with Mental Impairments accomplishments include:

  - The Council developed a Best Practice Guidelines for Adult and Juvenile Mentally Impaired Offenders. These standards have been adopted in Yuma County.
  - The first formal Felony Diversion Program in the Country was established in Maricopa County. The Councils goal is to have formal diversion programs in each Geographic Service Area. The misdemeanor program has shown a 70% success rate among mentally impaired offenders.
  - The Council sent RBHA staff and law enforcement representatives to Crisis Intervention Training (C.I.T.) in Tennessee. The Council is focusing on how to provide this training to law enforcement statewide.

- **The Arizona Behavioral Health and Aging Coalition:**
  The mission of the coalition is to promote and enhance the behavioral health and quality of life of older adults in Arizona. The coalition has three subcommittees that meet monthly; advocacy/funding, education/outreach, and the steering committee. The full coalition meets on a quarterly basis and the current membership is eighty-six. The coalition also provides opportunities for professionals, consumers, government and private organizations to work together towards improving the availability and quality of mental health services for Arizonans 60 years of age and older.

The following accomplishments have been attained by the Arizona Behavioral Health and Aging Coalition:

- Coordinated efforts in the development of a State-wide Resource Directory
- Advocacy efforts for the passage of legislation
- Partnership building between the aging community and the behavioral health community
- A brochure that describes the mission and goals of the coalition
- Public service announcements and training on behavioral health issues and older adults
- Development of a quarterly newsletter that is distributed statewide

- **Healthy People 2010/Healthy Arizona 2010**

  Healthy People 2010 is the prevention agenda for the Nation. It is a statement of national health objectives, designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats. Healthy People 2010 offers a simple but powerful idea: provide the objectives in a format that enables diverse groups to combine their efforts and work as a team. It is a road map to better health for all and can be used by many different people, States, communities, professional organizations, and groups to improve health. ADHS is in the process of developing the objectives for Healthy Arizona 2010. One of the 12 "focus areas" of Healthy Arizona 2010 is substance abuse. BSA/GMH will be looking at drug/alcohol related traffic fatalities; a composite indicator of drug/alcohol abuse; and a youth related drug/alcohol measure. The Bureau of Planning and Council Support is a co-leader of another work group that is focusing on mental health. This work group has several community partners, with the Mental Health Association of Arizona participating as the co-leader. The Mental Health work group will be focusing on depression as its major area of work. The Depression Initiative is a multi-disciplinary project of the Mental Health Work Group, and the mission of this workgroup is to improve the screening, diagnosis, referral and treatment of depressive disorders in Arizona.

Involvement of Key Stakeholders

In addition to the involvement with these Councils and Coalitions, ADHS/ DBHS also actively seeks input from, and supports, the activities of consumer and family groups. The Bureau for Persons with a Serious Mental Illness established a Consumer Advisory Board, with membership representing every county in the state, as well as the on-reservation American Indian population. The Consumer Advisory Board ensures that the voice of consumers is heard by DBHS as it develops policy, plans for services, and advocates for funding from the Legislature. DBHS also works closely with the Arizona Alliance for the Mentally Ill, the Alliance for the Mentally Ill of Southern Arizona, and MIKID - Mentally Ill Kids in Distress, the support group for parents of children with mental illness. DBHS provides funding support for conferences to send consumers and family members to national conferences and workshops, and to produce/acquire educational materials. DBHS also works with the Mental Health Association, the Northern Arizona Area Health Education Center, and other groups to co-sponsor annual conferences and institutes which are attended by both behavioral health professionals and administrators, and by families and consumers.

DBHS also coordinates with, and seeks input from, the RBHAs and providers. The Assistant Director meets monthly with the RBHA Directors to discuss policy and budget issues and resolve administrative matters. Both the Assistant Director, and the Deputy Assistant Director, and members of the Management Team meet regularly with the Association of Behavioral Health Providers and the Arizona Council of Centers for Children and Adults to ensure effective communication in matters of policy, funding, or administrative issues.

Tobacco Tax Programs

Overview

July 1, 1999 through June 30, 2000, was the fifth year of operation for the Behavioral Health Tobacco Tax Program. The first year consisted primarily of developing policies and plans, selecting contractors, developing locations and offices and hiring staff. The second year was the first year of full operation and the third year was a continuation of the programs. During the third year carryover funds from the first and second years were used to both enhance ongoing programs and develop new programs, designed to assist the behavioral health system in coordinating care with other state agencies and the courts. There were no carry-over funds for the fourth year.

Because of the wide variety of programs funded with Tobacco Tax funds, it is difficult to provide an overall evaluation. Instead, each program was evaluated separately, utilizing a common format. (See figure 5) Even though there is a wide variety of programs, some conclusions can be made from the programs operated in FY2000:

- The ValueOptions Crisis Response Network and the SEABHS Regional Crisis System were enhanced by having enough funding to cover the entire geographic areas.
- Providing behavioral health treatment services for youths in detention reduced negative behaviors. Also school attendances improved, drug and alcohol use decreased and the return rate back into the juvenile detention system decreased.
- Detoxification facilities are utilized in rural areas. Both the Yuma and Page facilities were at capacity for FY2000.
- The rate of depression in elderly persons decreased after receiving behavioral health treatment, even for those with multiple, progressive, medical problems.
- Alternative means of providing behavioral health services such a mobile intake vans, tele-/conferencing and community health center coordination, increased the number of people receiving behavioral health services in remote areas.
- Programs that are designed to assist courts and juvenile detention systems appropriately place and treat people who have behavioral health problems reduces stress on the courts and allows for needed treatment to begin sooner.
- During the first year of the new generation psychotropic medications program 4,880 people were provided medications.

Figure 5

FY2000 DBHS Tobacco Tax Funded Programs

RBHA	* Name of Program	Annual Funding 7/1/99-6/30/00
VALUEOPTIONS	✧	2,498,300
	Crisis Services	50,986
	✧	4,515,470
	Administration	**$7,064,756**
	✧	
	New generation Psychotropic medications	
	VALUEOPTIONS TOTAL	
CPSA	✧ Substance Abuse Treatment for Youth (Special Project)	490,000
	✧ Juvenile Court/RBHA Collaboration	130,000
	✧ Community Based Prevention/Early Intervention Services for Rural Pima Co.	124,758
	✧ Community Based Prevention/Early Intervention for Tohono O'Odham	66,000
	✧ Peer Mentoring Program for SMI Adults	150,000
	✧ Residential StepUp Program-Substance Abuse	150,000
	✧ Community Based Services for the Elderly	130,907
	✧ Medications	17,821
	✧ SEABHS Regional Crisis System	188,464
	✧ New Generation Psychotropic Medications	2,274,656
	✧ Administration	29,550
	CPSA TOTAL	**$3,752,156**
PGBHA	✧ GateOpeners-Elderly Behavioral Health	87,000
	✧ Pinal County Juvenile Detention Center	40,000
	✧ Children's Wrap Around Services	46,444
	✧ Villa Oasis Interscholastic Center	12,500
	✧ New Generation Psychotropic Medications	166,634
	✧ Administration	3,794
	PGBHA TOTAL	**$356,372**
NARBHA	✧ Rural Detoxification	250,000
	✧ Juvenile Court Collaboration	249,244
	✧ Community Health Center Collaboration	95,968
	✧ Ethnic Minority Youth Services	103,168
	✧ Senior Outreach/Case Management	76,909
	✧ Improved Outreach and Accessibility	100,708
	✧ New Generation Psychotropic Medications	819,032
	✧ Administration	10,719
	NARBHA TOTAL	**$1,705,748**
THE EXCEL GROUP	✧ Rural Detoxification	250,000
	✧ Mobile Intake and Referral Services	146,760
	✧ New Generation Psychotropic Medications	224,208
	✧ Administration	0
	EXCEL GROUP TOTAL	**$620,968**
	TOTAL STATE ALLOCATION	**$13,500,000**

ADHS/DBHS

Annual Report of Source and Use of Funds

For Fiscal Year Ending June 30, 2000

CHILDREN

	Balance Carried Forward From FY 1999	FY 2000 Revenues	Transfers In	Transfers Out	FY 2000 Expenditures	Reverted To FY 2000	Balance Carried Forward To FY 2001
Non-General Fund Receipts	$173.3	$1,372.6	$4,471.4	$34.8	$5,103.8		$878.7
Federal Funds	558.3	3,935.9			4,300.6		193.6
Medicaid	2,570.4		70,382.9	4,025.1	66,297.8		2,630.4
General Appropriations			76.0		76.0		
Special Line Item Funds (Non-Reverting)							
Special Line Item Funds		35,189.5		23,746.1	9,927.3	1,516.1	
	$3,302.0	$40,498.0	$74,930.3	$27,806.0	$85,705.5	$1,516.1	$3,702.7

ADHS/DBHS Administrative Costs

	Non-General Fund Reciepts	Federal Funds	Medicaid	General Appropriations	Special Line Item Funds (Non-Reverting)	Special Line Item Funds	Total Administrative Costs
Personnel Services	$39.9	$12.1	$176.9	$53.3			$282.2
Employee Related Benfits	9.4	2.6	28.9	6.5			47.4
Professional and Outside		3.9	401.4	11.2			416.5
Travel: In-State	0.6	0.1	5.3	2.9			8.9
Travel: Out-Of-State		4.0	1.5	0.1			5.6
Other Operating		2.2		2.0			4.2
Equipment		0.4					0.4
Indirect							
	$49.9	$25.3	$614.0	$76.0			$765.2

NOTES

\1 Dollars are expressed in thousands, rounded to the nearest $100.

\2 Reverted dollars are available for FY 2000 administrative adjustment payments.

\3 Administrative adjustment payments for FY 1999 made in FY 2000 are not included in this report.

\4 Medicaid funding includes both State Match and Federal Pass Through dollars.

\5 Inter-Agency transfers are classified as Transfers In and Transfers Out.

ADHS/DBHS

Annual Report of Source and Use of Funds

For Fiscal Year Ending June 30, 2000

SERIOUSLY MENTALLY ILL

	Balance Carried Forward From FY 1999	FY 2000 Revenues	Transfers In	Transfers Out	FY 2000 Expenditures	Reverted To FY 2000	Balance Carried Forward To FY 2001
Non-General Fund Receipts	$481.2	$21,729.4	$5,000.0	$121.4	$26,605.6		$483.6
Federal Funds	(957.0)	2,397.2		1.5	2,497.5		(1,058.8)
Medicaid	404.0		72,254.3	125.6	72,208.1		324.6
General Appropriations		111.4			111.4		
Special Line Item Funds (Non-Reverting)							
Special Line Item Funds		83,220.6	3,000.0	25,876.3	59,792.0	552.3	
	($71.8)	$107,458.6	$80,254.3	$26,124.8	$161,214.6	$552.3	($250.6)

ADHS/DBHS Administrative Costs

	Non-General Fund Reciepts	Federal Funds	Medicaid	General Appropriations	Special Line Item Funds (Non-Reverting)	Special Line Item Funds	Total Administrative Costs
Personnel Services		$15.9	$232.7	$70.1		$47.7	$366.4
Employee Related Benfits		3.2	37.4	8.6		11.2	60.4
Professional and Outside		645.8	21.2	22.7		205.7	895.4
Travel: In-State		0.8	3.5	2.6		0.2	7.1
Travel: Out-Of-State		12.6					12.6
Other Operating		2.9	305.2	7.4		68.6	384.1
Equipment						4.3	4.3
Indirect			7.5				7.5
		$681.2	$607.5	$111.4		$337.7	$1,737.8

NOTES

\1 Dollars are expressed in thousands, rounded to the nearest $100.
\2 Reverted dollars are available for FY 1999 administrative adjustment payments.
\3 Administrative adjustment payments for FY 1999 made in FY 2000 are not included in this report.
\4 Medicaid funding includes both State Match and Federal Pass Through dollars.
\5 Inter-Agency transfers are classified as Transfers In and Transfers Out.
\6 ASH Community Placement is appropriated to ASH and is not included in this report.

ADHS/DBHS

Annual Report of Source and Use of Funds

For Fiscal Year Ending June 30, 2000

MENTAL HEALTH

	Balance Carried Forward From FY 1999	FY 2000 Revenues	Transfers In	Transfers Out	FY 2000 Expenditures	Reverted To FY 2000	Balance Carried Forward To FY 2001
Non-General Fund Receipts	$806.0	$4,316.7	$237.0		$4,644.9		$714.8
Federal Funds	(38.4)	(86.4)		(3.4)	11.2		(132.6)
Medicaid	(510.9)		12,891.0		12,858.7		(478.6)
General Appropriations							
Special Line Item Funds (Non-Reverting)							
Special Line Item Funds		12,027.4		4,244.6	7,777.7	5.1	
	$256.7	$16,257.7	$13,128.0	$4,241.2	$25,292.5	$5.1	$103.6

ADHS/DBHS Administrative Costs

	Non-General Fund Reciepts	Federal Funds	Medicaid	General Appropriations	Special Line Item Funds (Non-Reverting)	Special Line Item Funds	Total Administrative Costs
Personnel Services			$32.2				$32.2
Employee Related Benfits			5.3				5.3
Professional and Outside			19.7				19.7
Travel: In-State			1.0				1.0
Travel: Out-Of-State			0.3				0.3
Other Operating			1.3				1.3
Equipment			0.7				0.7
Indirect			14.3				14.3
			$74.9				$74.9

NOTES

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\2 Reverted dollars are available for FY 1999 administrative adjustment payments.

\3 Administrative adjustment payments for FY 1999 made in FY 2000 are not included in this report.

\4 Medicaid funding includes both State Match and Federal Pass Through dollars.

\5 Inter-Agency transfers are classified as Transfers In and Transfers Out.

ADHS/DBHS

Annual Report of Source and Use of Funds

For Fiscal Year Ending June 30, 2000

DRUG AND ALCOHOL ABUSE

	Balance Carried Forward From FY 1999	FY 2000 Revenues	Transfers In	Transfers Out	FY 2000 Expenditures	Reverted To FY 2000	Balance Carried Forward To FY 2001
Non-General Fund Receipts	$1,626.3	$1,888.2	$1,801.5	$0.5	$4,038.3		$1,277.2
Federal Funds	(990.7)	23,732.2		2.7	23,843.2		(1,104.4)
Medicaid	(6.3)		4,635.9	55.2	4,624.3		(49.9)
General Appropriations		30.8			30.8		
Special Line Item Funds (Non-Reverting)							
Special Line Item Funds		16,857.7		1,526.5	15,309.2	22.0	
	$629.3	$42,508.9	$6,437.4	$1,584.9	$47,845.8	$22.0	$122.9

ADHS/DBHS Administrative Costs

	Non-General Fund Reciepts	Federal Funds	Medicaid	General Appropriations	Special Line Item Funds (Non-Reverting)	Special Line Item Funds	Total Administrative Costs
Personnel Services	$9.5	$155.5	$43.8	$15.1			$223.9
Employee Related Benfits	2.0	32.3	7.2	1.8			43.3
Professional and Outside	12.1	985.3	26.8	9.3			1,033.5
Travel: In-State	0.1	1.7	1.4	1.3			4.5
Travel: Out-Of-State	2.3	4.5	0.4				7.2
Other Operating	267.3	8.1	1.8	3.0			280.2
Equipment	0.9	3.0	0.9	0.3			5.1
Indirect		1.1	19.5				20.6
	$294.2	$1,191.5	$101.8	$30.8			$1,618.3

NOTES

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ADHS/DBHS

Annual Report of Source and Use of Funds

For Fiscal Year Ending June 30, 2000

TOBACCO TAX

	Balance Carried Forward From FY 1999	FY 2000 Revenues	Transfers In	Transfers Out	FY 2000 Expenditures	Reverted To FY 2000	Balance Carried Forward To FY 2001
Non-General Fund Receipts							
Federal Funds			$5,720.0	$167.1	$5,500.0		$52.9
Medicaid							
General Appropriations							
Special Line Item Funds (Non-Reverting)							
Special Line Item Funds							
			$5,720.0	$167.1	$5,500.0		$52.9

ADHS/DBHS Administrative Costs

	Non-General Fund Reciepts	Federal Funds	Medicaid	General Appropriations	Special Line Item Funds (Non-Reverting)	Special Line Item Funds	Total Administrative Costs
Personnel Services							
Employee Related Benfits							
Professional and Outside							
Travel: In-State							
Travel: Out-Of-State							
Other Operating							
Equipment							
Indirect							

NOTES

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ADHS/DBHS

Annual Report of Source and Use of Funds

For Fiscal Year Ending June 30, 2000

PREVENTION

	Balance Carried Forward From FY 1999	FY 2000 Revenues	Transfers In	Transfers Out	FY 2000 Expenditures	Reverted To FY 2000	Balance Carried Forward To FY 2001
Non-General Fund Receipts	$8.1				$6.1		$2.0
Federal Funds	(248.9)	8,043.9		47.4	8,435.5		(687.9)
Medicaid							
General Appropriations		49.9			49.9		
Special Line Item Funds (Non-Reverting)							
Special Line Item Funds		5,152.9		75.0	4,966.4	111.5	
	($240.8)	$13,246.7		$122.4	$13,457.9	$111.5	($685.9)

ADHS/DBHS Administrative Costs

	Non-General Fund Reciepts	Federal Funds	Medicaid	General Appropriations	Special Line Item Funds (Non-Reverting)	Special Line Item Funds	Total Administrative Costs
Personnel Services	$4.4	$49.2		$40.0			$93.6
Employee Related Benfits	1.0	10.4		4.7			16.1
Professional and Outside	0.1	724.8					724.9
Travel: In-State		1.1		1.4			2.5
Travel: Out-Of-State	0.2	5.2		0.3			5.7
Other Operating	0.3	10.0		3.5			13.8
Equipment		10.3					10.3
Indirect		0.9	6.2				7.1
	$6.0	$811.9	$6.2	$49.9			$874.0

NOTES

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ADHS/DBHS

Annual Report of Source and Use of Funds

For Fiscal Year Ending June 30, 2000

SOUTHERN ARIZONA MENTAL HEALTH CENTER

	Balance Carried Forward From FY 1999	FY 2000 Revenues	Transfers In	Transfers Out	FY 2000 Expenditures	Reverted To FY 2000	Balance Carried Forward To FY 2001
Non-General Fund Receipts	$253.9	$197.1	$7.9		$40.1		$418.8
Federal Funds							
Medicaid							
General Appropriations							
Special Line Item Funds (Non-Reverting)							
Special Line Item Funds							
	$253.9	$197.1	$7.9		$40.1		$418.8

ADHS/DBHS Administrative Costs

	Non-General Fund Reciepts	Federal Funds	Medicaid	General Appropriations	Special Line Item Funds (Non-Reverting)	Special Line Item Funds	Total Administrative Costs
Personnel Services							
Employee Related Benfits							
Professional and Outside	16.3						16.3
Travel: In-State							
Travel: Out-Of-State							
Other Operating	20.5						20.5
Equipment							
Indirect							
	$36.8						$36.8

NOTES

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ADHS/DBHS

Annual Report of Source and Use of Funds

For Fiscal Year Ending June 30, 2000

ADMINISTRATION & OVERSIGHT

	Balance Carried Forward From FY 1999	FY 2000 Revenues	Transfers In	Transfers Out	FY 2000 Expenditures	Reverted To FY 2000	Balance Carried Forward To FY 2001
Non-General Fund Receipts	($235.4)	$2.4	$394.1	$18.0	$572.4		($429.3)
Federal Funds	(527.4)	$87.4		208.2	576.5		(1,224.7)
Medicaid	1,926.6		6,083.0	881.5	3,514.7		3,613.4
General Appropriations		3,832.9		2,276.9	1,403.3	152.7	
Special Line Item Funds (Non-Reverting)							
Special Line Item Funds		2,698.9		924.0	1,448.9	326.0	
	$1,163.8	$6,621.6	$6,477.1	$4,308.6	$7,515.8	$478.7	$1,959.4

ADHS/DBHS Administrative Costs

	Non-General Fund Reciepts	Federal Funds	Medicaid	General Appropriations	Special Line Item Funds (Non-Reverting)	Special Line Item Funds	Total Administrative Costs
Personnel Services	$123.7	$264.8	$1,079.7	$765.0			$2,233.2
Employee Related Benfits	25.0	49.6	186.4	197.5			458.5
Professional and Outside	48.7	170.7	1,845.7	212.3			2,277.4
Travel: In-State	1.0	1.1	6.6	7.3			16.0
Travel: Out-Of-State	1.7	9.3	11.5	5.0			27.5
Other Operating	197.9	22.1	247.6	199.9		405.3	1,072.8
Equipment	10.7	58.8	137.3	16.3		67.7	290.8
Indirect	17.7	206.4	146.6				370.7
	$426.4	$782.8	$3,661.4	$1,403.3		$473.0	$6,746.9

NOTES

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\4 Medicaid funding includes both State Match and Federal Pass Through dollars.

\5 Inter-Agency transfers are classified as Transfers In and Transfers Out.

ADHS/DBHS

Annual Report of Source and Use of Funds

For Fiscal Year Ending June 30, 2000

SUMMARY

	Balance Carried Forward From FY 1999	FY 2000 Revenues	Transfers In	Transfers Out	FY 2000 Expenditures	Reverted To FY 2000	Balance Carried Forward To FY 2001
Non-General Fund Receipts	$3,113.4	$29,506.4	$17,631.9	$341.8	$46,511.2		$3,398.7
Federal Funds	(2,204.1)	38,110.2		256.4	39,664.5		(4,014.8)
Medicaid	4,383.8		166,247.1	5,087.4	159,503.6		6,039.9
General Appropriations		4,025.0	76.0	2,276.9	1,671.4	152.7	
Special Line Item Funds (Non-Reverting)							
Special Line Item Funds		155,147.0	3,000.0	56,392.5	99,221.5	2,533.0	
	$5,293.1	$226,788.6	$186,955.0	$64,355.0	$346,572.2	$2,685.7	$5,423.8

ADHS/DBHS Administrative Costs

	Non-General Fund Reciepts	Federal Funds	Medicaid	General Appropriations	Special Line Item Funds (Non-Reverting)	Special Line Item Funds	Total Administrative Costs
Personnel Services	$177.5	$497.5	$1,565.3	$943.5		$47.7	$3,231.5
Employee Related Benfits	37.4	98.1	265.2	219.1		11.2	631.0
Professional and Outside	77.2	2,530.5	2,314.8	255.5		205.7	5,383.7
Travel: In-State	1.7	4.8	17.8	15.5		0.2	40.0
Travel: Out-Of-State	4.2	35.6	13.7	5.4			58.9
Other Operating	486.0	45.3	555.9	215.8		473.9	1,776.9
Equipment	11.6	72.5	138.9	16.6		72.0	311.6
Indirect	17.7	208.4	194.1				420.2
	$813.3	$3,492.7	$5,065.8	$1,671.4		$810.7	$11,853.9

NOTES

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\4 Medicaid funding includes both State Match and Federal Pass Through dollars.

\5 Inter-Agency transfers are now classified as Transfers In and Transfers Out.

\6 The DOMESTIC VIOLENCE Program was transferred to another part of ADHS and no activity occurred within BHS in FY 2000

The Arizona State Hospital Annual Report

Fiscal Year 1999 - 2000

Overview by Jack Silver, Chief Executive Officer / Superintendent

The Arizona State Hospital is a component of the statewide continuum of behavioral health services provided persons in Arizona. As a component of Behavioral Health Services Division of the Arizona Department of Health Services, the Hospital is a publicly funded facility, dedicated to the restoration and preservation of the mental health of those residents of Arizona who require a state-supported tertiary level of inpatient hospitalization and rehabilitative care. Hospital personnel continually strive to provide state-of-the-art inpatient psychiatric care. The Hospital is committed to the concept that all patients and personnel are to be treated with dignity and respect to maximize personal and professional growth.

Senior management members of the Hospital and Behavioral Health Services, including the Hospital's clinical team representatives, continually review the goals and objectives of the Hospital and the Hospital's role in the statewide continuum of behavioral health services. These goals and objectives are shared with all Hospital personnel for final modification and acceptance. The Hospital's "Vision Statement," which provides long-range guidance for Hospital personnel, and the Hospital's "Mission Statement," which provides shorter-range, day-to-day operational guidance for the Hospital and service providers, have been reviewed and remained unchanged.

The Arizona State Hospital
Vision Statement

The Arizona State Hospital will meet the needs of our patients and other customers in collaboration with our community partners. We will continue to be a unique and valuable resource in the provision of specialized psychiatric treatment, rehabilitation, education and research. We will always strive to improve our performance.

The Arizona State Hospital
Mission Statement

The mission of the Arizona State Hospital is to restore and enhance the mental health of persons requiring psychiatric services in a safe, therapeutic environment.

With both the "Vision Statement" and the "Mission Statement" as the guiding principles, the Arizona State Hospital provides psychiatric hospitalization and treatment for persons presently living in the state of Arizona who meet the criteria for admission. While providing evaluation and active treatment, the Hospital is continually cognizant of the rights and privileges of each patient, particularly the patient's right to confidentiality and privacy.

The Arizona State Hospital
Operating Values

- Whereas there is no approach that is guaranteed to be successful in the treatment of persons who suffer from mental illnesses or disabilities, we shall continuously strive to improve our knowledge, understandings and skills.

- Whereas the public mental health system exists in an environment which has changing and sometimes conflicting priorities, issues and demands, we shall remain centered on our goals, maintain flexibility in negotiating solutions and be resilient in dealing with conflicting priorities and demands. We are sensitive to the effects that changing demands and priorities have on our patients, colleagues, our superiors, subordinates and ourselves.

- Whereas we operate within an institutional environment, we shall strive to protect, enhance and maintain the dignity and personhood of those we serve. Each of us will treat patients, their significant others, external customers and each other with respect and dignity. We support and recognize the needs and accomplishments of patients and staff.

- Whereas the Arizona State Hospital, similar to other state hospitals, operates in a environment of external scrutiny with limited resources to accomplish its broad mission, we shall have a joint commitment to the organization's mission, vision, objectives and activities. ("We all own everything"). Individually, each of us serves as "ambassadors" representing the Arizona State Hospital by supporting and being dedicated to the Hospital's work. We continuously focus on achieving goals, objectives, and time lines.

- Whereas the work of mental health is "people intensive", and people have differing priorities, values, and operating styles, we shall maintain ethical and moral standards. Individually, we are candid and forthright with each other and resolve differences in a constructive, facilitative and positive manner. We strive to maintain effective individual and team working relationships. We share the workload and assist one another

- Whereas the work is continuing, demanding, and stressful, we shall be responsible for maintaining our own well being, and for providing assistance and support to one another. We demonstrate an awareness of how personal stress effects our work and how work stressors effects our personal lives.

The Arizona State Hospital

Fiscal Year 1999-2000 Accomplishments

Staffing/Budget

The Arizona State Hospital has 712.2 authorized positions (80% of these positions are currently filled) who treat an average of 298 patients daily. Over 450 employees have been recruited since January 1999; this increase in staffing enables the Hospital to provide active treatment to patients and to meet federal and state regulatory requirements for certification, accreditation and licensure in its mission of providing services in a therapeutic environment.. The FY 2000 budget is $53 million for the Hospital, including $6.3 million for operation of the Arizona Community Protection and Treatment Center (ACPTC) Program, which employs 146 FTEs that served 117 residents as of June 30, 2000.

Service Area

The Arizona State Hospital serves the needs of the most seriously mentally ill persons from all 15 counties within Arizona. Statewide court-ordered admissions are taken for civil, adolescent and forensic patients.

HCFA Medicare Certified/JCAHO Accredited/ADHS Licensed Facility

In June 2000, the Hospital successfully regained federal Health Care Financing Authority (HCFA) certification. The Hospital maintained full accreditation by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) and fully met the conditions of the Arizona Department of Health Services (ADHS) licensure requirements. This entitles the Hospital and the State of Arizona to receive Medicare reimbursement and to receive Federal Disproportionate Share Funds for servicing eligible populations.

Regaining HCFA certification was a significant accomplishment for the Hospital. In 1997, the Hospital voluntarily surrendered certification when it was unable to meet the HCFA Medicare Conditions of Participation. To become re-certified, the Hospital had to be in compliance with *all* of the standards new applicants are required to meet, even though the newest treatment buildings on the Arizona State Hospital campus date to the 1950's. When the Hospital first attempted to regain certification in 1998, it received a 93 page report of deficiencies and was denied. Upon successful re-certification this summer, the HCFA survey report listed only one paragraph with one deficiency.

Recruitment and Retention Success

To recruit and retain an adequate number of qualified staff in a highly competitive market where higher pay scales exist for similar staff positions in both the private sectors of Maricopa County has always been a challenge for the Hospital, which at times has experienced vacancy rates as high as 40% for various Nursing Services positions. Salary increases were authorized by the 1998 Legislature and a supplemental appropriation in January 1999 included a retention stipend for nurses. Currently, the average vacancy rate in Nursing Services is 15% or less, which is consistent with other health care facilities in the Valley. The Hospital has also created an internal Nursing Pool and has completely discontinued the use of outside agency/registry staff as of July 1999.

New Computer System Installed

The Hospital is currently in Phase II of a program to increase computer and automation ability and to resolve computer related issues, a process that began in FY 98/99 with Government Information Technology Agency (GITA) approval and authorization to proceed. The system is expected to be operational by the end of the year. When fully implemented, patient medical records will be partially computerized.

Length of Stay Reduced for RTC Forensic Patients

Since June 1998, when the Hospital was forced to temporarily refuse admission to the Adult Restoration to Competency Program (RTC) due to serious over-crowding on the forensic units (66 patients in two units licensed to accommodate 48 patients), the Hospital has successfully expanded the RTC Program capacity by opening a third RTC unit during the last fiscal year, and opened the Conditional Release Program this year which provides another 12 beds that serve the Guilty Except Insane (GEI) and Not Guilty by Reason of Insanity (NGRI) patients. This expanded capacity and dedication to more efficient treatment has resulted in a decrease in the average length of stay for the RTC population from 99 to 83 days over this fiscal year.

Collaborative Agreements Reached with RBHAs

Collaborative agreements were implemented with the Regional Behavioral Health Authorities (RBHAs) to improve patient and community participation in treatment and discharge planning for discharge-ready patients and to divert inappropriate admissions. At the Hospital's initiative, the RBHAs were awarded $1.2 million in up-front monies to develop alternative programs through the ADHS Division of Behavioral Health Services' $8 million community transfer line item appropriation. As a result, the number of patients on the discharge ready waiting list was reduced from 84 in FY 98/99 to 24 in FY99/00 (60 patients or a 71% reduction) over the previous year. The agreements reached also reduced the number of inappropriate Hospital admissions through diversion to other, less restrictive, community services.

Both of these measures are critical to the Hospital's ability to control the census and provide a safe and therapeutic environment for patients. Since July 1999, no unit has operated above its' licensed capacity and the Hospital has remained in compliance with the total licensed census maximum capacity of 335 beds.

$80M Approved for New Civil and New Adolescent Hospital - January 2000

$80 million was appropriated by the 44th Arizona State Legislature over the next four years to construct a new 200 bed civil Hospital, a new separate adolescent facility to house 16 patients, and funds are provided for the renovation and remodeling of the existing Juniper and Wick units to serve as the forensic facility.

Process Improvements; Therapeutic Modalities

The *Diabetic Care Performance Improvement Task Force* addressed patient care and treatment issues to improve the standard of care for Hospital patients who suffer from diabetes. The Task Force developed and implemented a comprehensive clinical protocol which represents a "best practice guideline"that meets and exceeds the recommendations made in most community practice settings.

The *Assault and Restraint Reduction Task Force* adopted a series of focused, progressive, Hospital-wide performance improvement initiatives to significantly reduce the occurrence of assaults, and use of seclusion and seclusion with restraints. In its effort to meet new JCAHO and Medicare expectations in this area, several initiatives were undertaken: Personal Protective Equipment (face masks with eye shields) were made available, after-incident reviews within 24-72 hours were implemented to formulate revised individualized treatment goals and completion of a De-Escalation Assessment Form. These measures promote a safe and supportive environment by utilizing effective techniques to pro-actively identify patient stressors. As a result of this effort, seclusion, restraint, assaults, patient and staff injuries (and severity of injuries) have all decreased.

Baseline program development planning has also been researched by Process Improvement Teams with respect to the design for a *Mentally Ill/Chemically Affected (MICA) Treatment Program* and a *Borderline Personality Disorder Program.*

Cemetery Restored

In the Spring of 2000, the Hospital cemetery was restored and rededicated in part through the efforts of Boeing Corporation employees, members of the Mesa West Rotary Club, community volunteers, staff and patients who donated over 1000 hours of work.

Conditional Release Program Opens

The Conditional Release Program opened at the end of June/beginning of July 2000 when the second floor of the Granada Building was renovated to provide an additional 12 beds for forensic patient treatment for those transitioning into community placements. The total number of forensic beds increased to 142.

New Program Initiatives

In addition to the Conditional Release Program noted above, the first floor of the Granada Building was subdivided into the east and west wings. Granada East has 22 beds for medical - psychiatric care patients and Granada West has 19 beds for older adults and / or for patients with organic impairments.

Alternative Dispute Resolution (Mediation)

The Office of Human Rights has been using Alternative Dispute Resolution (Mediation) to resolve treatment-related issues for patients sine 1995. Mediation requests increased last year, and the program is expanding to 12 trained mediators, including one patient who does peer mediation. Mediation for Mental Health issues is receiving national attention, and the Hospital has been an active participant in national conferences and workshops this year; it is one of the few inpatient mental health settings that successfully uses mediation to resolve treatment conflicts, disputes and service provision issues.

Unit Environmental Improvements; Ramadas and Picnic Areas Added in Patient Areas

As part of the spirit of "survey readiness" over $500K was used to give the Hospital a new coat of paint, replace doors and windows, purchase patient furniture and provide other therapeutic enhancements in patient areas. In addition, covered ramadas and picnic table seating areas were constructed around the Wick and Juniper Treatment Units and landscaping was enhanced with the addition of flowering plants and shrubs to make the environment more therapeutic and aesthetically pleasing to patients, staff and visitors.

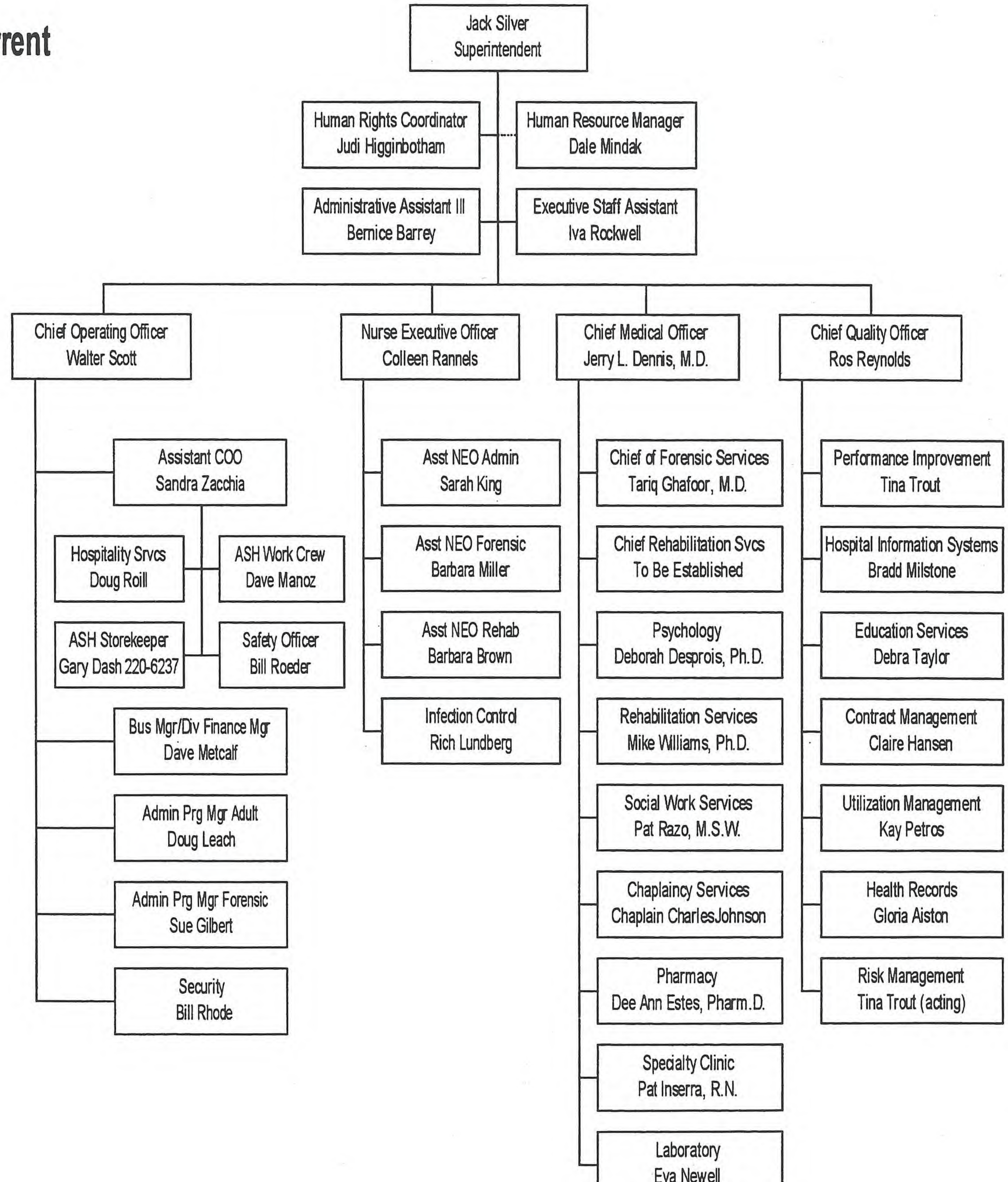
Smoking Cessation Task Force

In an effort to encourage healthy living, a Smoking Cessation Task Force was formed to educate patients and staff on the dangers of smoking. It has hosted the Great American Smoke Out at the Hospital for the past two years and has been instrumental in making sure designated smoking areas are clearly marked, painting no smoking lines around the buildings and strategically placing cigarette lighters around the campus to keep the environment clean.

ARIZONA DEPARTMENT OF HEALTH SERVICES

Arizona State Hospital

Current



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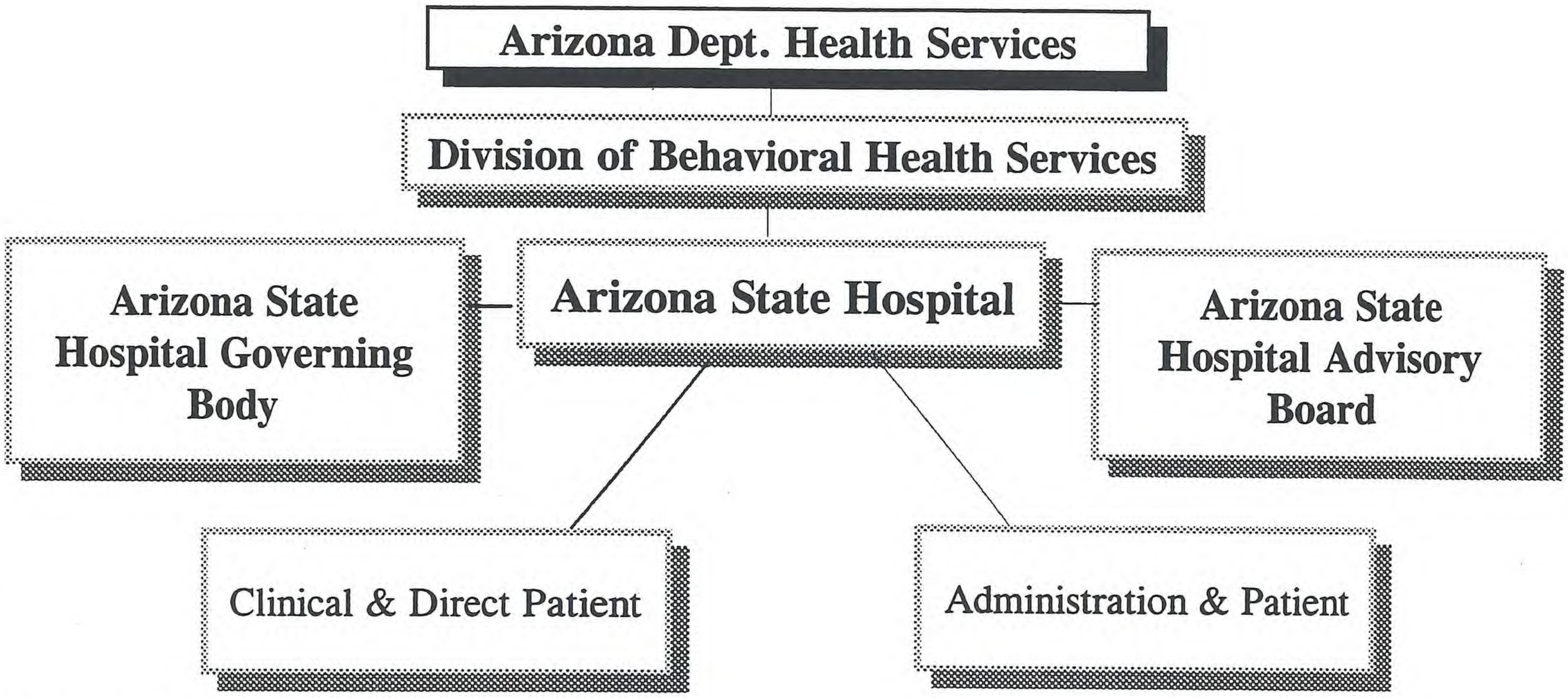
The Arizona State Hospital
Organizational Information



Arizona Department of Health Services

The Arizona Department of Health Services (ADHS) is the state agency responsible for assessing and assuring the physical and behavioral health of all Arizonans through education, intervention, prevention, and delivery of services. ADHS consists of six major service units which report to the Director of the Department.

Behavioral Health Services (BHS)

Behavioral Health Services is the largest of these service units, both in number of staff and size of budget. BHS was recreated within ADHS by Arizona Revised Statutes §36-3402 et. seq., effective August 13, 1986. The intent of the Arizona State Legislature was to create permanent authority for behavioral health and to express a commitment to the importance of planning, administering, regulating, and monitoring all facets of the state public behavioral health system. BHS has primary responsibility for administering a system of behavioral health care which is responsive, individualized, compassionate, culturally sensitive, and equally accessible.

The Arizona State Hospital Governing Body

The *Arizona State Hospital Governing Body* is composed of the Chief Medical Officer of Behavioral Health Services who serves as Chairperson, an Arizona State Hospital staff physician, a community representative, and a Regional Behavioral Health Authority representative. Although the Governing Body does not have direct supervisory responsibilities for the Chief Executive Officer/ Superintendent of the Arizona State Hospital, the Governing Body does provide overall guidance for Hospital leadership by reviewing performance improvement plans, critical indicators and credentialing clinical staff.

The Arizona State Hospital Advisory Board

Established by Arizona Revised Statutes §36-217, the *Arizona State Hospital Advisory Board* is composed of the thirteen members appointed by the Governor of the State of Arizona. The Board advises the Assistant Director of Behavioral Health Services and the Hospital Chief Executive Officer/Superintendent in the development, implementation, achievement and evaluation of goals, as well as in communicating special Hospital or patient needs directly to the Office of the Governor. Additional duties include providing advice related to Hospital facilities, maintenance, staffing, programs and services; standards for patient rights; budget review; community education on the role of the Hospital and coordination of services with community-based providers.

The Arizona State Hospital

The *Arizona State Hospital* receives overall direction and supervision from the Chief Executive Officer/Superintendent, who directly supervises the Chief Medical Officer, the Chief Operating Officer, the Nurse Executive Officer and the Chief Quality Officer. These individuals have both clinical and administrative responsibilities. Although many of the services consist of both clinical and administrative components, for clarification of presentation the Hospital's services are divided into two major divisions addressing: [1] Clinical/Direct Patient Care Services, which includes a component addressing Patient Treatment Programs; and [2] Administrative/Patient Support Services.

Clinical/Direct Patient Care Services

The *Clinical/Direct Patient Care Services* include all of the treatment, rehabilitation and care services that are provided to the patients on a day-to-day basis [e.g., Medical Staff services, nursing services, and specialized clinical services]. The **Chief Executive Officer/Superintendent** provides overall leadership and direction for the Hospital, direct supervision for human resource services and serves as the primary liaison with Behavioral Health Services and the Arizona Department of Health Services. It is this person's responsibility to ensure that quality clinical care is provided for the patients of the Hospital.

The **Chief Medical Officer** is responsible for overseeing clinical/direct patient care services and ensures that patients' legal rights related to the court commitment process are upheld. Patients are admitted to the Hospital for court ordered treatment which is time limited; therefore each patient's court order is carefully monitored to ensure that individual patient rights are not violated.

In addition, the Chief Medical Officer supervises subordinate medical staff which includes psychiatric, medical and specialized services, specialty clinics, pharmacy services, medical laboratory services, psychology services, social work services, rehabilitation services (including occupational therapy, recreational therapy and the Psychiatric Rehabilitation Program model), religious services and patient education services. The clinical/direct patient care services of psychiatry, medicine, nursing, psychology, social work, education, and rehabilitation are provided through patient treatment programs and treatment units which are designed to meet the needs of the patients.

The **Chief Operating Officer** is responsible for managing numerous contracted support services and facility management services that coordinate closely with the clinical/direct care services to ensure continuity of patient care and a seamless service system. These services include business support services, both Hospital fiscal management and patient finance; dietary, environmental and laundry services; telecommunication services and security services. Security services are a crucial component since the patients are court ordered for treatment because they are considered to be a danger to themselves or to others. The Chief Operating Officer has the primary responsibility for the day-to-day operations of the Hospital.

The **Nurse Executive Officer** is responsible for providing clinical leadership and supervision for psychiatric nursing and medical nursing services. It is this person's responsibility for ensuring that adequate, qualified personnel staff each treatment unit, on all three shifts. Nursing Services represents the largest component of the Hospital's staff; therefore, continuous monitoring of the nursing staffing pattern is required to ensure patient treatment and care needs are met.

These services, which include individual and group counseling, medication administration, patient education, infection control, guidance in activities of daily living, and general supervision are provided on each of the treatment units, twenty-four hours per day, seven days per week.

Administrative/Patient Support Services

The *Administrative/Patient Support Services* include a myriad of functions, ranging from the day-to-day operations of the Hospital, the replacement of automation systems, and the long-range planning for Hospital reconstruction.

The **Chief Quality Officer** is responsible for many administrative/patient support services that overlap between clinical and administrative services. These services include performance improvement which evaluates both clinical and administrative services to implement improvement activities; risk management which identifies and implements actions to reduce potential risk; the utilization management program which reviews patient admissions and continued stays to ensure cost effective and efficient care; the Hospital information system which maintains the patient demographic and clinical computerized databases; health records services which maintains both current and historical patient health records; safety management which coordinates compliance with required safety standards; contract monitoring; staff training and education; research and evaluation of hospital-wide coordination of regulatory body survey/inspection readiness; and environment of care and safety management.

The Arizona State Hospital

Treatment Programs

General Adult Program

The General Adult Program consists of seven treatment units. Each treatment unit serves as an admission, treatment and discharge unit although patients may be transferred from one treatment unit to another based upon their special needs.

These treatment units specialize in providing services to the seriously mentally ill patients who are civilly committed as a danger to self, danger to others, gravely disabled, and/or persistently and acutely disabled; those who are placed at the Hospital by guardianship; those who are in the process of transition to community placement; and/or the seriously mentally ill patients who also have special medical needs.

Treatment modalities include medications and medication education, psychiatric rehabilitation and individualized group therapy, structured unit activities, leisure planning and recreational therapy; and community-based programs. Emphasis is placed on activities of daily living since many patients have deficits which impede their capacity to live more independently in community settings.

Forensic Program

The Forensic Program consists of six treatment units. Each treatment unit serves as an admission, treatment and discharge unit although patients may be transferred from one treatment unit to another. This program serves as the treatment program for evaluation and treatment of patients who have been court-ordered for pre-trial evaluation, have been adjudicated Not Guilty by Reason of Insanity or Guilty Except Insane or transfers from a psychiatric prison. Patients with a potential for violent or dangerous behavior, patients with a high escape risk, and patients with legal requirements on placement also receive treatment within this program. Major treatment modalities include pharmacotherapy, psychological services and extensive assessment, psychiatric rehabilitation and substance abuse treatment, psychotherapy focusing on participating in treatment, interpersonal skill development, educational services for patients requiring restoration to competency, specific discharge plans and goal development. Each treatment unit provides a secure environment for various additional therapeutic activities with limited off-unit privileges granted on an individual basis.

Youth Services Program

The Youth Services Program consists of one treatment unit which serves as the admission, assessment and treatment program for adolescents under the age of eighteen (18) requiring approximately three to four months of inpatient treatment as a result of a substantial mental disorder or forensic evaluation. Major treatment modalities include individual and group therapy, family therapy, academic programs, occupational and recreational therapy, and psychotropic medications, as appropriate. Onsite education is provided through Maricopa County in a fully certified special education program. Aftercare planning and placement of the patient are essential components of treatment; active liaison between the Hospital and community providers occurs to assist outpatient service providers in placement and treatment referrals.

Multi-Disciplinary Clinical Teams

In all of the treatment programs, the results of the patient's clinical evaluations, the patient's acuity level, and the patient's legal status at the time of admission provide the multi-disciplinary clinical team guidance in determining the patient's least restrictive and most appropriate level of placement within the Hospital. Throughout the patients' hospitalizations, the multi-disciplinary clinical team continually reviews the patient's legal status and reviews and revises the patients' individualized treatment and discharge plans to ensure appropriate treatment and placement continue.

This clinical team is responsible for completing the evaluations and developing a comprehensive, individualized treatment and discharge plan that addresses the biological, psychological, spiritual and socio-economical issues to meet the patient's personal needs. The patient's psychiatrist, who provides leadership for the clinical team, coordinates the patient's care and ensures a there is coordinated, well-defined patient treatment and discharge plan in place.

Throughout a patient's treatment, the Hospital strives to assist the patient to be placed in the least restrictive and most appropriate therapeutic treatment environment. Patient placement within the Hospital is made after assessment, consideration of all treatment factors, and discussion with the appropriate community behavioral health system service providers to assure the chosen placement provides maximum therapeutic benefit. The Hospital is continually cognizant of its responsibilities to patients and the community.

In order to provide quality care for the patients, Hospital personnel actively participate in the statewide continuum of behavioral health care, coordinate the development of the patients' treatment and discharge plans with the patients and the appropriate community behavioral health system service providers, and encourage patient placement in alternative community programs in accordance with the individual service plan developed with the community service providers as soon as the patient was adequately prepared for placement.

Psychiatric Rehabilitation Program Model

- **Symptom management module** - designed to help patients, disabled by a chronic mental illness like schizophrenia, become more self reliant in managing their psychiatric symptoms. Major components include identifying warning signs of a relapse; managing warning signs; coping with persistent symptoms; and avoiding alcohol and street drugs.

- **A medication management module** - designed to help patients disabled by a chronic mental illness become progressively more self-reliant in their use of anti psychotic medication. Major components include obtaining information about anti psychotic medication; knowing correct self-administration and evaluation of medication; identifying side effects of medications; and negotiating medication issues with health care providers.

- **Basic conversation skills modules** - designed to provide the patient with the basic skills needed to start friendly conversations, keep them going, and end them pleasantly. Major components include verbal and nonverbal communication behaviors; starting a friendly conversation; keeping a friendly conversation going; ending a conversation pleasantly; and putting it all together.

- **Recreation for a leisure module** - designed to help a wide range of people in all age groups become more self-reliant and resourceful in the use of their leisure time. Major components include identifying benefits of recreational activities; getting information about recreational activities; finding out what is needed for a recreational activity; and evaluating and maintaining a recreational activity.

Arizona Community Protection and Treatment Program (ACPTC)

With consultation from a leading authority on program development for the sexually violent person, a comprehensive program for sexually violent persons was established in 1997 on the Hospital grounds, and is now known as the *Arizona Community Protection and Treatment Center* (ACPTC). Arizona's Program has gained national recognition and has toured visitors from throughout the United States and several foreign countries over the past year.

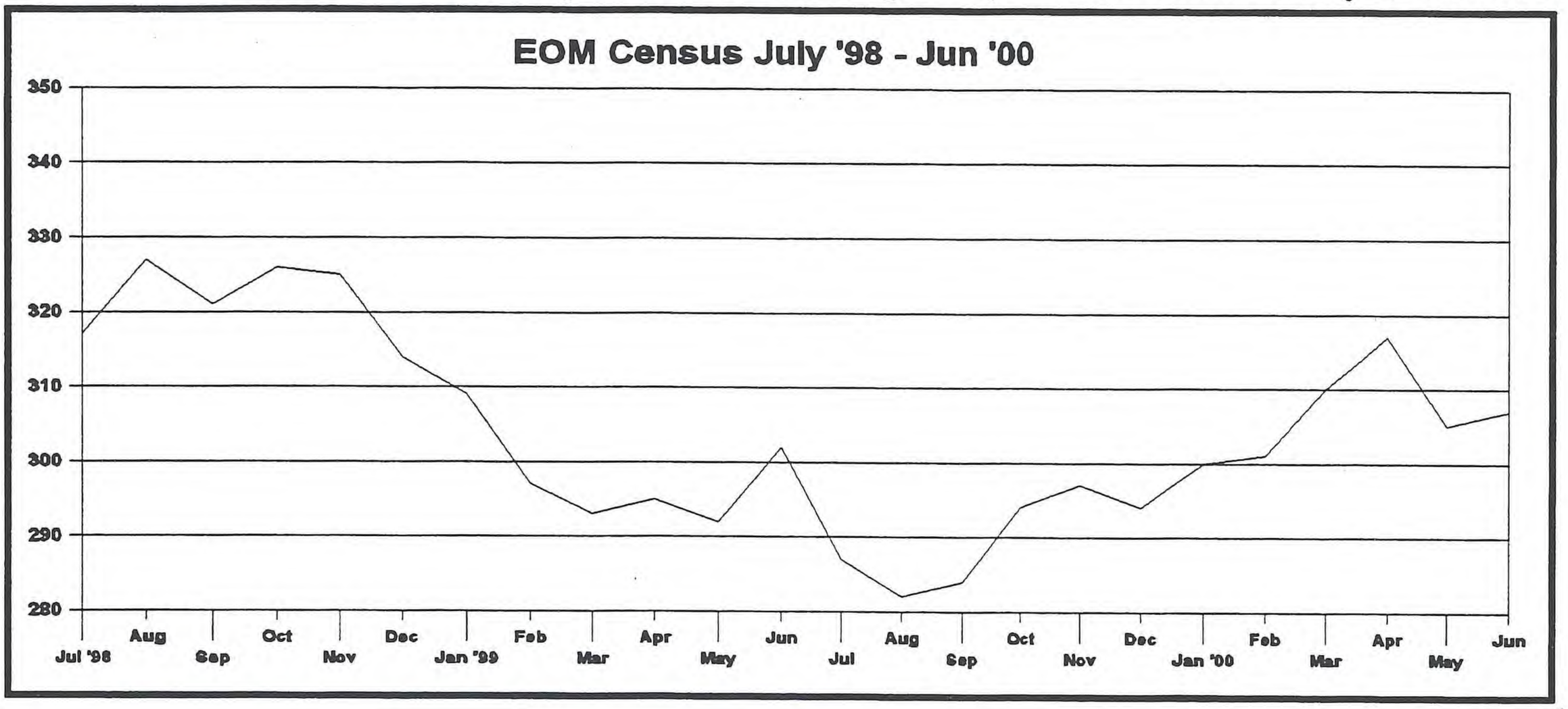
During fiscal year 1999-2000, the ACPTC program admitted 46 new residents to the program which brought the total number of residents to 117. In July 1999, ACPTC opened the 60 bed Ocotillo Unit and began construction in August 1999 of a 60 bed Willow Unit. Of the 117 residents at the end of the fiscal year, 40 were undergoing court ordered treatment, 16 were placed in a least restrictive alternative, and the remaining 61 were awaiting court hearings. With the continued growth of this program projected at approximately five residents per month, construction of the two additional buildings to house 60 residents each should sustain the program for one more year.

Arizona State Hospital

Patient Demographics and Statistics

Patient Demographics and Statistics

The Arizona State Hospital began this fiscal year on July 1, 1999, with a patient census of 302. Throughout the fiscal year, the Hospital admitted 423 patients, of which 37 were readmissions from an administrative discharge to a medical facility; discharged 418 patients, of which 38 were administrative discharges to medical facilities; and ended the fiscal year June 30, 2000, with a census of 307, an increase of five patients. The average daily census for the fiscal year was 298.



These patients accounted for a total of 108,995 patient days*, a decrease of 5,616 days compared to the previous fiscal year. The patient end of month census covering July 1999, through June 2000, is depicted in Exhibit #1.

EXHIBIT # 1
END OF MONTH CENSUS, FY 1998 through FY 2000

End of Month Census Data							
Fiscal Year 1998 - 1999				Fiscal Year 1999 -2000			
July	317	Jan.	309	July	287	Jan.	300
Aug.	327	Feb.	297	Aug.	282	Feb.	301
Sept.	321	Mar.	293	Sept.	284	Mar.	310
Oct.	326	Apr.	295	Oct.	294	Apr.	317
Nov.	325	May	292	Nov.	297	May	305
Dec.	314	June	302	Dec.	294	June	307

*Patient days are defined as a patient assigned to a unit, i.e. occupies a bed on that unit. The patient can be on pass and the bed day will be counted as "occupied" for that day.

A comparison of monthly admissions to and discharges from the Hospital is presented in Exhibit #2.

EXHIBIT # 2
MONTHLY ADMISSIONS AND DISCHARGES

FY 99/00	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
Admit	26	38	29	41	34	28	34	38	44	37	36	38	423[1]
Discharge	41	43	27	31	31	31	28	37	35	30	48	36	418[2]

FY 98/99 Data:

Beginning Census as of July 1, 1998:	317
Ending Census as of June 30, 1999:	302
Admissions 7/1/98 - 6/30/99	423
Discharges 7/1/98 - 6/30/99	433
Average Daily Census FY 98/99:	314
Number of Patient Days:	114,611

FY 99/00 Data:

Beginning Census as of July 1,1999:	302
Ending Census as of June 30, 2000:	307
Admissions 7/1/99 - 6/30/00:	423[3]
Discharges 7/1/1999 - 6/30/2000:	418[4]
Average Daily Census FY 99/00:	298
Number of Patient Days:	108,995

Admission Statistics (see Exhibit # 3)

The Hospital admitted 423 patients this fiscal year, of which 37 were returns from administrative discharge to medical facility leaving 386 non-administrative medical admissions. The 386 admissions were all court ordered.

Adult Admissions:

Of the 386 admissions, 357 were adult commitments: 207 were admitted under Title 13, Restoration to Competency; 111 were admitted under Title 36, Court Ordered Treatment; 24 were admitted under Title 13, Guilty Except Insane; 8 were admitted under Title 13, Observation; 3 were admitted under Title 36, Placement by Guardian; 2 were admitted under Title 13 Not Responsible for Criminal Conduct by Reason of Insanity;1 was admitted under Rule 11, Observation; and there was 1 admitted under Transfer of Prisoner. [Exhibit #3].

Adolescent Admissions:

Of the 386 admissions to the Hospital this fiscal year, 29 were adolescent commitments: 24 were admitted under Title 8, Juvenile Commitment; 4 were admitted under Title 8, Restoration to Competency; and 1 was admitted under Title 8, Guilty Except Insane.

Admission Averages:

The average monthly admission rate of the total 423 admissions was 35.3, ranging from a low of 26 in July 1999 to a high of 44 in March 2000 [Exhibit #2]. The average monthly discharge rate of the total 418 discharges was 34.8, ranging from a low of 28 in January 2000 to a high of 48 in May of 2000.

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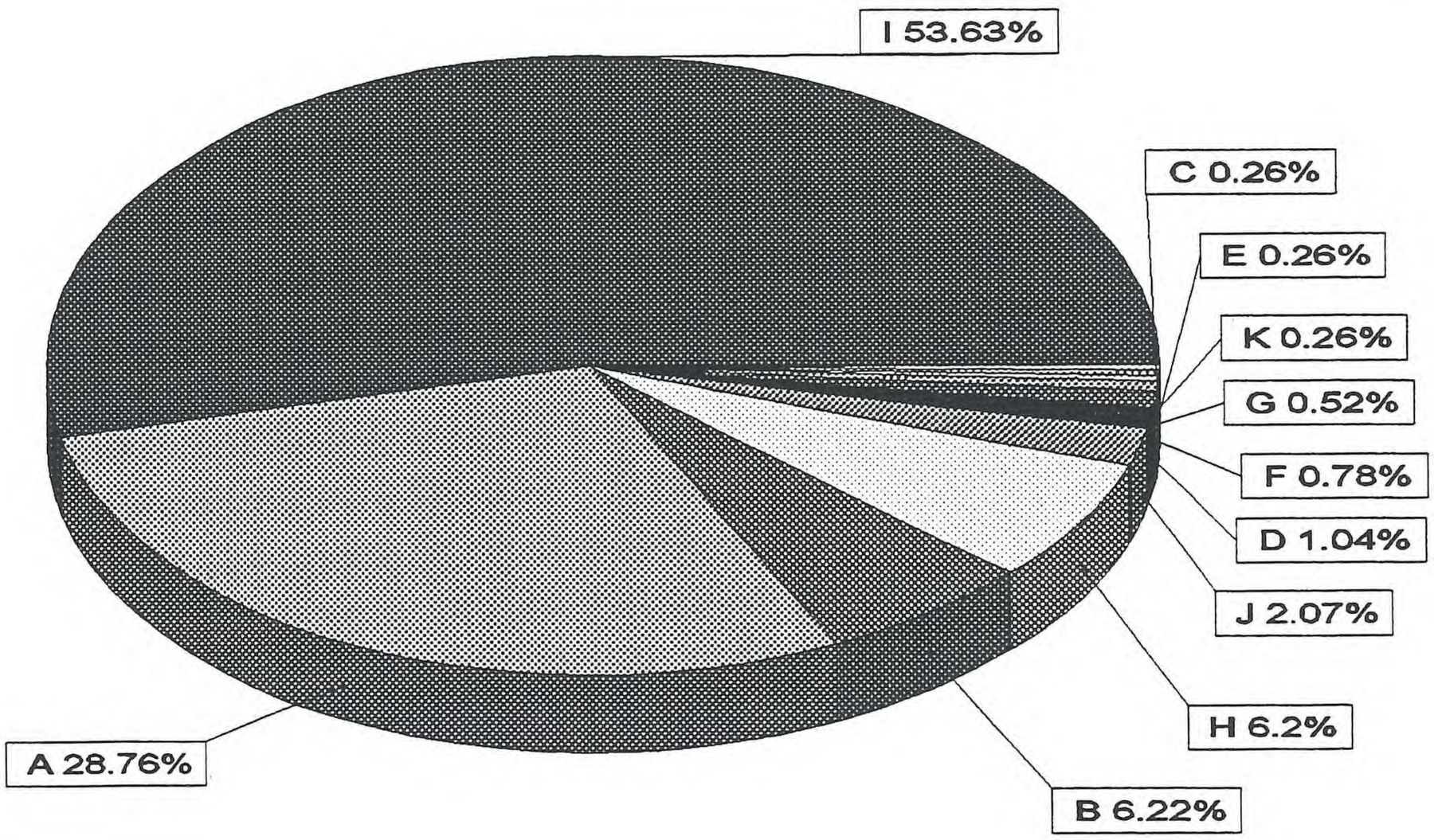
[1]See Footnote # 1.

[2]See Footnote #2.

EXHIBIT # 3
LEGAL STATUS AT ADMISSION



Legal Status at Admission			
Code	**Legal Status**	**Number**	**Percentage**
A	Title 36-540 Court Ordered Treatment	111	28.76%
B	Title 8, Juvenile Commitment	24	6.22%
C	Title 8, Juvenile Guilty Except Insane	1	0.26%
D	Title 8, Juvenile Restoration to Competency	4	1.04%
E	Rule 31 - 226 Transfer of Prisoner	1	0.26%
F	Title 36-547.04, Placement by Guardian	3	0.78%
G	Title 13-3994, Not Guilty by Reason of	2	0.52%
H	Title 13, Guilty Except Insane (as of	24	6.22%
I	Title 13-45.12, Restoration to Competency	207	53.63%
J	Title 13-45.07, Observation (as pf 10/01/95)	8	2.07%
K	Rule 11, Observation (pre 10/01/95)	1	0.26%
	Total FY 1999-2000 Admissions	**386***	**100%**

* This figure does not include returns from administrative discharges to medical facility

EXHIBIT # 4 ADMISSIONS BY COUNTY[3]		
County of Admission	Number	Percent of Total Admissions
Apache	1	0.259%
Cochise	7	1.813%
Coconino	9	2.331%
Gila	6	1.554%
Graham	4	1.036%
Greenlee	1	0.259%
LaPaz	1	0.259%
Maricopa	**199**	**51.554%**
Mohave	9	2.331%
Navajo	4	1.036%
Pima	**112**	**29.016%**
Pinal	13	3.368%
Santa Cruz	1	0.259%
Yavapai	12	3.109%
Yuma	7	1.813%
Total Admissions FY 99/00	**386**	**100.00%**

Maricopa County continued the historic trend of having the highest number of admissions by county with 199 (52%). Pima County accounted for 112 (29%) of the admissions. The remaining thirteen counties accounted for 75 (19%) of the total admissions. [Exhibit #4]. Maricopa and Pima Counties accounted for 80.57% of 386 admissions during this fiscal year. Individuals admitted to the Hospital for the first time accounted for 261 of all admissions for FY 99/00. It is believed that the stabilization of the first time admission percentage is due to the fact that the majority of the admissions are referred from the legal system and are admitted under Title 13, Restoration to Competency.

The readmission rate for patients with length of stay out of the hospital of less than 180 days was 17 (4.4%). The Hospital's recidivism rate for Fiscal Year 2000 was 4.4 %, a decrease of 4.8% compared to Fiscal Year 1999 rate of 9.2 %[4]. Recidivism is defined as the readmission of a patient who was discharged from the Hospital within 180 days prior to readmission. All other

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[3] Does not include admissions of return from administrative discharge to medical facility.

[4]The recidivism rates presented are determined by dividing all of the fiscal year readmissions with lengths of stay out of the Hospital less than 180 days by the total admissions for the fiscal year.

admissions accounted for 108 re-admissions.

Admissions by diagnostic grouping (patient diagnosis at the time of admission) indicate the category of schizophrenic disorders accounted for 124 (32%) of all admissions and affective disorders accounted for 75 (20%). These two diagnostic categories have continued to be the major diagnostic groupings for patient admissions.

Discharge Statistics

The Hospital discharged 418 patients during this fiscal year, of which 38 were administrative discharges to a medical facility. The average monthly discharge rate of the 418 patients was 34.83 ranging from a low of 27 in September 1999 to a high of 48 in May 2000 [Exhibit #2].

Exhibit #5 provides detailed data for discharge length-of-stay for patients with a non-forensic legal status, discharge length-of-stay for patients with a forensic legal status, and a total discharge length-of-stay for all patients during Fiscal Year 1999/2000.

EXHIBIT # 5
Discharge Length of Stay for Patients not Discharged to a Medical Facility

Length of Stay for Discharge	Non-Forensic		Forensic*		Total	
	#	%	#	%	#	%
Less than 90 days	38	24.1%	127	57.2%	165	43.4%
90 - 180	50	31.6%	71	32.0%	121	31.8%
181 - 365	27	17.1%	15	6.8%	42	11.1%
366 - 1095	28	17.7%	4	1.8%	32	8.4%
1096 - 2190	6	3.8%	5	2.2%	11	2.9%
2191 - 3650	8	5.1%	0	0.0%	8	2.1%
Greater or equal to 3650 days	1	0.6%	0	0.0%	1	0.3%
Totals	**158**	**100.0%**	**222**	**100.0%**	**380**	**100.0%**

Exhibit #6 presents the mean discharge length-of-stay for all patients.

*Forensic includes: Restoration to Competency, Guilty Except Insane, Not Guilty by Reason of Insanity, Transfer of Prisoner and Observation.

EXHIBIT # 6
MEAN DISCHARGE LENGTH-OF-STAY

Length-of-Stay	Total Discharged	Mean
Less than 1 year	328	103.85
More than 1 year but less than 3 years	32	561.56
More than 3 years but less than 6 years	11	1528.91
More than 6 years but less than 10 years	8	2775.25
More than 10 years	1	11765.00
Total Average Length of Stay	**380**	**270.58**

Note: The mean discharge length-of-stay is the average number of days of Hospitalization per patient during that time period.

Exhibit #5 and Exhibit #6 provide the following information related to patient discharges:

- Of the 158 total non-forensic patients discharged, 88 or 55.7% had a discharge length-of-stay less than 180 days.
- Of the 222 forensic patients discharged, 198 or 89.2% had a discharge length-of-stay less than 180 days; of the 198 discharged with a length-of-stay less than 180 days, 184 were discharged from Restoration to Competency, 7 were discharged from Title 13, Observation; 3 were discharged from Guilty Except Insane; 2 were discharged from Rule 11, Observation; 2 were discharged from Transfer of Prisoner, and 0 were discharged from Not Guilty by Reason of Insanity.
- The number of non-forensic patients discharged with a length-of-stay less than 365 days was 115 or 72.8% of the total non-forensic patients discharged. These data continues to support the premise that the Hospital, Behavioral Health Services, and the Regional Behavioral Health Authorities are committed to the concept that non-forensic patients are to be admitted to the Hospital for intensive treatments and shorter durations rather than extended Hospitalization periods.
- The total number of patients discharged with a length-of-stay greater than three years was 20; of these, one had been at the Hospital for more than ten years. These patients require extensive treatment and discharge planning coordination between the Hospital and the community services providers who will provide follow-up services.
- The mean length-of-stay for the one patient discharged with length-of-stay greater than ten years was 11,765.00 days, approximately 32 years.

The Arizona State Hospital

Evaluation of Fiscal Year 1999-2000

Strategic Planning

At the beginning of Fiscal Year 1999, under the direction of the Advisory Board, the Hospital's Executive Management Team, senior clinical team members, and other Hospital administrative representatives reviewed the Hospital's goals and determined that they remained appropriate. With concurrence from the Hospital's Governing Body and the Advisory Board, efforts continued toward attainment of these goals throughout Fiscal Year 1999 - 2000. The Hospital identified seven key directions with strategic goals and objectives to continually monitor:

Strategic Plan Key Directions

- The Arizona State Hospital will be a center of excellence for quality services to persons with mental illness.
- The Arizona State Hospital will provide clinically and culturally competent assessment and treatment services for persons with serious mental illness, with a focus on those who are in need of specialized services not currently available in the community and those who have the most difficult/complicated conditions to treat.
- The Arizona State Hospital will provide forensically committed individuals effective services in a secure therapeutic environment including treatment and discharge planning which assures public safety.
- The Arizona State Hospital will coordinate services with the community health and social service systems.
- The Arizona State Hospital will provide and participate in patient, family and community education.
- The Arizona State Hospital will promote staff development and satisfaction.
- The Arizona State Hospital will provide a safe and therapeutic environment.

These seven key directions, each with its own corresponding goals, objectives, and strategies, are now contained in an updated strategic plan that will be tracked to ensure the best and most timely implementation possible.

The Arizona State Hospital

Key Directions, Goals and Objectives

Key Direction I

The Arizona State Hospital will be a Center for Excellence for quality services to persons with mental illnesses.

Quality of care decisions will be based on best practices. To accomplish this goal, the Hospital attained HCFA Medicare certification and maintained its JCAHO accreditation and Department of Health Services licensure. A survey readiness team was established and program Performance Improvement (PI) processes were strengthened and enhanced. New Employee Orientation was expanded, a Recruitment and Retention Plan was implemented, the Incident Reporting process was improved and a Risk Management Process was developed. The Hospital Clinical Council continues to develop protocols and review as needed.

The Hospital continues to contribute to the body of professional knowledge regarding best practice standards by providing statewide consultation and training for the community; providing professional presentations and publications on a statewide, regional and national basis; enhancing its capacity to conduct evaluation and research; and to implementation of its electronic medical records by January 2002. The new computer system will contribute to public policy decision making by providing current data regarding patients, services and patient outcomes to those statutorily entitled to this information.

Key Direction II

The Hospital will provide clinically and culturally competent assessment and treatment services for persons with serious mental illness. It will focus on those who are in need of specialized services not currently available in the community and those who have the most difficult / complicated conditions to treat.

The goal is to improve the "Quality of Life" of the individual patient by decreasing symptoms and increasing the functioning level to involve patients in day to day decision-making. Programs and services were organized by June 2000 to support patient choice to involve patients in day-to-day decision making. Eighty-five percent of the patients were satisfied with services received. Incidents of restraint and seclusion were reduced.

Persons with SMI are restored and returned to the least restrictive, most appropriate community setting available as quickly as possible. This has been accomplished by increasing patient and community participation in the discharge and treatment planning, providing more hours of documented active treatment and decreasing the length of stay on the discharge ready list.

Key Direction III

Individuals who are forensically committed to the Hospital will be provided effective psychiatric services in a secure therapeutic environment including treatment and discharge planning which assures public safety.

The goal is for individuals who are committed to the Hospital as Incompetent to Stand Trial to receive effective and efficient psychiatric services in compliance with the applicable statutes. Within 90 days of admission, 70% of the committed individuals are returned to the court either restored to competency or having been determined "non-restorable". Within 12 months of admission, 95% of the committed individuals have a final opinion regarding their trial competency.

Another goal is that persons adjudicated Not Guilty by Reason of Insanity (NGRI) or Guilty Except Insane (GEI), will be free of any dangerous-to-others behaviors prior to the exposure to the public. Ninety percent (90%) of the individuals committed to the Hospital as NGRI or GEI were free of any dangerous to others behaviors within 180 days of their admission. 100% of the individuals committed to the Hospital as NGRI or GEI were free of any dangerous to others behaviors prior to their having any independent privileges off the secure unit.

A third goal is to promote community / public safety in partnership with the criminal justice and community mental health system. By July 2000, strategies were implemented to ensure civil commitment (when appropriate) for individuals who are not restorable to trial competency. The objective is that 100% of the individuals committed to the Hospital as NGRI or GEI have a detailed out-patient treatment plan, ensuring community / public safety, at the time of their discharge from the Hospital has been met.

A fourth goal, to ensure the appropriateness of admissions to the Forensic Services of the Hospital, was met by becoming effectively involved in the efforts to decriminalize mental illness. Plans to provide clinical liaison support to the counties was deemed not to be feasible at this time.

Key Direction IV

The Hospital will coordinate Services with the Community Health and Social Service Systems.

The goal is for patients to have a well-coordinated, effective, efficient and planned transition to the community from the Hospital and vice-versa. The objective of discharge within 30 days of being identified as discharge ready was not met, but the RBHA providers now participate in patient treatment and discharge planning sessions at the Hospital. By July 2001, the objective is to have RBHAs statewide positioned as the gatekeeper for civil patients.

The goal of participating in the design and development of comprehensive services for adolescents was met and discontinued.

The goal of providing persons with specialized needs a complete continuum of care was partially met and continues as an on-going basis. The objective to implement the strategies, protocols and linkages to the community health and social services systems is under revision.

Key Direction V

The Hospital is to Provide Patient, Family and Community Education

Patients, families and significant others are now provided information about their (or the patient's) specific mental illness to enhance their understanding of and ability to manage symptoms of that mental illness. By January 2000, the Hospital provided regularly scheduled opportunities for patient, family and significant others to participate in the treatment planning process. By June 2000, it had implemented an enhanced patient / family education program.

One of the main goals of this fiscal year was to increase the public's understanding of the role of the Hospital in the community mental health system. The mental health community now has a greater understanding of the role of the Arizona State Hospital, in part due to the deliberations of the Mental Health Task Force convened by the Governor and the Legislature as well as presentations made on a state-wide basis.

Key Direction VI

The Hospital will Promote Staff Development and Satisfaction

The goal to provide a safe, respective and rewarding work environment for all staff was advanced in August 1999, when the recruitment and retention plan was implemented. By April 2000, the contracted hospitality service staff were integrated with Hospital staff at the unit level. Strategies to improve effective teamwork were partially met by January 2000.

The Hospital has partially met its goal to provide on-going training and educational opportunities to promote "state of the art" skills, knowledge and abilities by developing a plan to enhance degree program opportunities for staff. It has met the objective of expanding internships and fellowships and is developing strategies and curricula to support staff competency to compliment the special program needs of Hospital patients.

Key Direction VII

The Hospital will Provide a Safe and Therapeutic Environment

The Hospital facilities goal is to meet all standards for life-safety, licensure and accreditation. It satisfactorily addressed all existing code and physical plant deficiencies. It has developed and implemented an ongoing plan for maintaining compliance with life-safety standards.

Providing a safe, therapeutic and respectful environment of care that meets the individual patient's needs and preferences is another goal. By November 1999, criteria were established for timeliness of completion of work orders. By January 1, 2000, complete re-training of the Hospital staff on the work order procedure and renovation request procedure was accomplished and all new staff was included in the orientation. Continuing goals include improving the physical environment and campus utilization and the Hospital continues to participate in the development of the plan for the new Hospital facilities.

The Arizona State Hospital

Future Outlook and Challenges

The Arizona State Hospital continues to meet the needs of mentally ill individuals who require inpatient treatment and services in a dynamic, ever-changing world. To this end, the Hospital successfully regained Medicare certification in June 2000. Key challenges in the foreseeable future include:

Managing Hospital Admissions (Daily Patient Census)

One of the biggest challenges facing the Hospital is the management of the Hospital's daily patient census.

This is critical to the Hospital's ability to provide effective active patient treatment in a safe and therapeutic environment. It is also a critical element in complying with accreditation, certification and licensure standards of federal and state regulatory agencies. Towards this end, the Arizona Department of Health Services and the Arizona State Hospital are seeking an extension and expansion of the session law enacted in 1999 which allowed the Hospital to establish temporary waiting lists when funded bed capacity was reached.

Throughout this fiscal year, the Hospital continually addressed the patient census by reviewing issues related to patient placement based on civil commitments vs. forensic commitments and male vs. female bed availability. The Hospital's end of month census varied from a low of 282 in August 1999 to a high of 317 In April 2000. As a result, the Hospital was successful in not exceeding its licensed capacity at any time during the year.

The transition from primarily serving civilly committed persons to serving forensically committed persons has continued. Exhibit #3, "Legal Status at Admission" [pg.16] and accompanying data clearly indicate that the forensic admissions [Title 13 and Transfer of Prisoner categories] account for approximately 62% of the total admissions, with Title 13 Restoration to Competency accounting for approximately 54% of the total admissions. The continuing increase in the restoration to competency forensic patient census resulted in the Hospital opening two additional treatment units over the past two fiscal years, Wick 3 (October 1998, 21 bed capacity) and the Conditional Release Program (July 2000, 12 bed capacity in the Granada 2 East Building), to provides service for those forensic patients approaching discharge and in need of specific services related to community placement. Many of these patients are able to participate in community-based treatment, rehabilitation, and vocational services. This adds an additional 12 beds to the forensic program, bringing total forensic bed capacity at the Arizona State Hospital to 97, if the total 16 bed capacity of the Adolescent Unit is included in the count.

Adult civil commitments accounted for 28.75% of the admissions during the fiscal year. The increased "gatekeeping" efforts by the Regional Behavioral Health Authorities (RBHAs), in cooperation with the Hospital's diversion efforts, have decreased the adult civil commitments. As community-based care givers increase in numbers, the Hospital's role is changing from providing care along a broad continuum - acute to chronic - to that of providing a tertiary level of care for people who do not respond to brief periods of inpatient care, and/or who present serious threats to self or others.

Recruitment and Retention

The Arizona State Hospital has made great strides in developing a staffing pattern that meets the patients' needs based on patient acuity, but the Hospital must have the ability to remain competitive in the future.

During Fiscal Year 1999, the Hospital requested selected position classification upgrades and increased salaries for licensed nurses, psychiatric technicians, social workers, rehabilitation technicians, and security personnel. The Hospital received a supplemental appropriation of $4,369,800 in FY 98/99 to support salary increases and an increase in operating expenses which allowed for the opening of an additional male restoration to competency treatment unit and the opening of the new self care treatment unit. This appropriation was implemented in February 1999 and has directly resulted in the Hospital's ability to recruit and retain qualified, well-trained personnel throughout the year. In July 1999, the Hospital was able to discontinue the use of registry services and relies instead on an internal nursing pool created to coverage employee shortages.

New Hospital Construction Logistics

The Hospital will continue to meet the standards required by federal and state regulatory agencies for existing Hospital buildings while new buildings are constructed and old buildings are renovated over the next four years.

Managing this will present a major challenge to the Hospital in light of the logistics of accommodating court-ordered admissions while staying within the licensed capacity established by federal and state regulators – while continuing to restore and enhance the mental health of persons requiring psychiatric services in a safe, therapeutic environment. This must continue during demolition, construction and renovation of the new (and old) Hospital, will be a major challenge for management over the next four years. This is, indeed, an exciting and promising time for the Hospital that will definitely require agility and collaboration with community partners to meet the needs of our patients and other customers as the Hospital transitions into the 21st century.

According to the Auditor General's 1999 report, the existing buildings are subject to approximately 2600 scheduled and unexpected repairs each year, due to the deteriorating infrastructure of the aging facilities. These repairs are on-going and must be conducted as the plans for the new Hospital are developed, demolition activities commence and new construction begins.

The new Adolescent Facility will be constructed first and is expected to open in January 2002. At that time, an additional 20-24 beds will become available for civil adult patients when the adolescents transfer from Juniper 3 to the new facility. If construction schedules hold, the new 200 bed Civil Hospital should open one year later in January 2003. Civil adult patients will move from the seven civil treatment units (located in the Juniper, Wick, Granada Medical and the Granada Transitional Living Center Buildings) to the new Civil Hospital. Renovations and remodeling will begin on the Juniper Building. As the renovation/remodel is completed, forensic patients from the Wick Units will be moved to Juniper.

Implementation of An Integrated Automation System

Successful development and implementation of integrated automation is an integral part of the Hospital's future plans for effective patient management.

The Hospital is currently in Phase II of a program to increase computer and automation capability, a process that began in FY 98/99 with Government Information Technology Agency (GITA) approval to proceed. Phase I included replacement of the current system as it pertained to patient demographic data and the current financial and business capabilities . The new automation system was in place by the end of Fiscal Year 1999. Increasing computer and automation availability, resolution of related computer issues, and completion of Phase II of the project continued throughout the fiscal year.

Effective Communications (Internal and External)

Effective internal communications between the Hospital, the Division of Behavioral Health Services, and the Department of Health Services, continued with the Chief Executive Officer / Superintendent serving as an active member of the department's Executive Management Team.

The Chief Executive Officer / Superintendent also participated in the monthly Behavioral Health Services / Regional Behavioral Health Authority Director's meetings and attended the Behavioral Health Planning Council meetings.

Increase Active Patient Treatment

Increasing active treatment by improving both the quality and quantity of services provided is an on-going challenge.

The therapeutic needs of the patients on each treatment unit are continuously monitored to ensure patient-centered active treatment and rehabilitation. In addition to ensuring the weekday therapeutic activities, the Hospital expanded its evening and weekend therapeutic groups, as well focused on the importance of the patients' "Clubhouse" and the patients' therapeutic work program.

Effective Management of the Arizona Community Protection and Treatment Center Program

The challenge is to make sure the ACPTC has the room to house and treat sexually violent persons committed to the Program.

Guilty Except Insane Issues (GEI)

Research issues related to the appropriateness of Guilty Except Insane Commitments.

Currently, 100 GEI patients are committed to the Hospital under determinate sentencing laws. Assessment by the Hospital clinical staff indicates that as many as 20% of these patients do not fit the criteria for admission to the Hospital because they are not diagnosed as seriously mentally ill, but rather plea bargained to a GEI verdict. These plea -bargained GEI patients occupy beds that could be used for persons who are in real need of the Hospital's specialized psychiatric services.

The Hospital plans to initiate discussion with the courts and judges and recommend that an independent evaluation be conducted by the Arizona State Hospital to advise the courts on the mental state or criminal responsibility before a verdict and prior to admission as a GEI patient.

The Arizona State Hospital

Summary of Future Challenges

To summarize, in addition to the challenges previously enumerated regarding maintaining Medicare certification and the shift toward serving an increasing forensic and more behaviorally disturbed population, major current issues facing the Hospital include:

- **Ability to Control the Daily Census** - Managing the daily patient census to meet licensure requirements and address the difficulties in meeting the volume of demand for admission for individuals referred through civil and forensic commitment proceedings. The Hospital is seeking legislative extension of session law to allow waiting lists tied to funded bed capacity.

- **Recruitment and Retention** - Maintaining the progress made in recruitment and retention of key clinical staff positions. This assures the Hospital plans to the necessary staff to provide active treatment in a safe and therapeutic environment, and allows the Hospital to implement a continuous survey readiness attitude. Expanding staff training and research opportunities.

- **Construction Logistics** - Effectively managing the logistics related to construction of a new Hospital and renovation of existing buildings while continuing to treat patients.

- **Integrated Automation System** - Increasing computer and automation capability throughout the Hospital, resolving computer issues and completing the electronic medical records project.

- **Effective Communications** - Addressing policy makers and advocacy groups' concerns while serving a complicated mix of civil and forensic patients, as well as persons committed as sexually violent offenders.

- **Increase Active Patient Treatment** - Developing specialized treatment programs, expanding research and program evaluation capabilities, and enhancing patient, family and community participation. The Hospital plans to address broad linguistic and cultural needs of the patient population to enhance patient outcomes.

- **Effective Management of the Arizona Community Protection and Treatment Center Program** - Ensuring that the ACPTC has the capacity to house and treat all sexually violent persons committed to the Program.

- **Guilty Except Insane Issues (GEI)** - Researching issues related to the appropriateness of Guilty Except Insane Commitments.

During the fiscal year, the Hospital's leadership remained committed to the Arizona State Hospital's "*Operating Values,*" which were adopted in April 1999. These value statements form a matrix which identifies: (1) *organizational challenges* [internal and external demands], (2) *values* [conceptions of the desirable], and (3) *personal behaviors* [observable actions]. Under the leadership of its Advisory Board, the Hospital completed *a strategic planning process,* establishing a clear course for the Hospital beginning with FY 2000. The process for developing the Hospital's Strategic Plan included Hospital staff, patients, families, advocates, providers of services, focus groups, expert panels, Regional Behavioral Health Authority directors, community forums, focus groups, expert panels, Regional Behavioral Health Authority directors, community forums, and the results of a survey process that involved more than 100 other state hospitals. This broad-based participation resulted in the development of the seven Key Directions discussed earlier, each with its own corresponding goals, objectives, and strategies. This is now tracked to ensure the best and most timely implementation possible.

The Hospital is firmly committed to the "Arizona State Hospital Vision Statement" and the "Arizona State Hospital Mission Statement." Each will provide direction and a reaffirmed commitment for all Hospital staff throughout Fiscal Year 2000 and in future years. With continued support from Behavioral Health Services, the Arizona Department of Health Services, mental health advocacy groups, the Hospital's Advisory Board, the Governor's Office, the State Legislature, and the citizens, the Arizona State Hospital will continue to restore and enhance the quality of life and health of persons with mental illness, will advocate for the special needs of the mentally ill, and will meet the needs of persons with serious mental illness in the State of Arizona.

The Arizona State Hospital

Financial Summary Fiscal Year 1999-2000

Funding Sources (General Operations Based on Budget Allocations):*	
Personnel Services and Related Benefits - General Fund	$ 26,602,800
All Other Operating - General Fund / ASH Fund	10,715,100
Non-Title 36 Revenue	202,500
Rental Income	723,052
Endowment Earnings	500,000
Patient Benefit Fund	104,000
Donations	5,000
Psycho tropic Medications	63,500
ASH Information Systems FY00	1,212,900
Community Placement Treatment - ASH Fund	7,848,000
Male Restoration to Competency FY99	729,488
Self Care Unit FY 99	227,661
ASH Information Systems FY99 (carry forward)	197,672
BHS title XIX Psychotropic Medications	300,000
Total Funding	**$ 49,431,673**
Expenditures:*	
Personnel Services and Related Benefits	$ 25,497,256
Professional and Outside Services**	7,151,108
Travel (In-State)	36,892
Travel (Out-of-State)	14,425
Food	-0-
Other Operating	5,390,774
Capital Equipment	683,660
Assistance to Others	6,705,440
Total Cost of Operations	**$ 45,479,555**
Collections (Deposited to the General Fund):	
Patient Care Collections to the General Fund	$ 572,252
Non-Patient Care Collections to the General Fun	1,856
Collections to Other Funds	143,716
Total General Fund Collections	**$ 717,823**

* Excludes SVP Program

** Contract Physicians, Outside Hospitalization Costs, Outside Medical Services, and privatization of Support Services

Daily Costs by Treatment Program:***	
Medical Psychiatric	$ 443
Adolescent Treatment	653
Psychiatric Social Rehabilitation	326
Adult Rehabilitation	516
Forensic - Restoration to Competency	438
Forensic - Continuing Treatment	374
Average Daily Treatment Costs:**	**$ 413**

*** Rates became effective 09/01/99.

****Weighted average based on the number of patient days and costs per program

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